OLDER PERSONS IN ALBERTA: THEIR USE OF PROGRAMS AND SERVICES 1984

Alberta
SENIOR CITIZENS BUREAU
Policy & Program Development
Alberta Social Services and
Community Health
1984

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OLDER PERSONS IN ALBERTA: THEIR USE OF PROGRAMS AND SERVICES

INTRODUCTION

Various levels and departments of government and the voluntary and private sectors have developed benefits, programs and services for persons 65 years of age and over in Alberta.

This paper provides demographic data on the older population as well as information and available utilization and expenditure data on these programs and services. It is an update of earlier publications[1] and contains, for the most part, 1982/83 information.[2] Earlier data are also presented to enable the reader to make comparisons. Like the four preceding papers, it is a brief overview and is not intended to provide an in-depth analysis. Data are collected in different ways by the various departments, making comparability and analysis difficult. Wherever appropriate, mention is made of relevant reports and studies.

Section I contains demographic information relating to the population age 65 and over and projections. Section II explains the Senior Citizens Bureau and the Provincial Senior Citizens Advisory Council, information and coordinating bodies. In the next two sections the information on benefits, programs and services, instead of being presented along traditional categorical and departmental lines (health, housing, social services, for example), is organized according to the needs of older persons. Section III deals with those services and benefits which are "preventive" in nature, which help older persons maintain and keep their health, and which are available to and used by most older persons. Section IV has information about special services for that small group of older disabled persons who need care and support on an intermittent or continuing basis. This organization has been used so that the focus is on older persons and their needs and on the relationship between the services meeting these needs.

Appendix A is a chart showing the various Provincial Departments and the services relevant to senior citizens which they provide. Appendix B is a listing of Alberta benefits and programs arranged in order of date of establishment, and Appendix C contains the tables for this paper.

Throughout this paper the terms, "older persons," "senior citizens," and "elderly persons," are used interchangeably to refer to persons 65 years of age and over. It should be kept in mind that there are in this age group of our population at least two sub-groups (for most purposes, 65-74 and 75 and over) and great variations in interests and needs. Because of these variations, our policies and programs must provide choice and flexibility so that needs are adequately met without some persons being "neglected" and others being "overserviced."

I. DEMOGRAPHIC INFORMATION

In 1981 Alberta had 163,390 persons 65 years of age and over, constituting 7.3 percent of the total population (1984 estimated number, 179,200). There was little change in the proportion of elderly persons in the Alberta population between 1961 and 1981, although their number increased by 70,312 during that period of time (Table 1).

The number of older persons may increase between 1981 and 2006, from 163,390 to 299,900 (Table 2 and Graph 1a). Whether or not the proportion of the elderly in the total population will increase sharply during that period will depend on future migration patterns.* What we do know is that by 1984 it had already risen to 7.7 percent (Alberta Bureau of Statistics, September 1984), and it is suggested that the old age dependency ratio (ratio of persons age 65 and over to the labour force population age 15-64) may increase substantially in the future (Alberta Bureau of Statistics, May 1984).

Migration

Some older persons have moved to Alberta from other provinces and countries. In 1981/82, there was a total net in-migration of 1,458 persons age 60 and over, a somewhat larger number than in 1979/80 (Tables 3a, 3b, 3c), with a net in-migration of 1,023 persons from other countries and 435 persons from other provinces. (According to a 1978 paper by Rowe and Pong, the majority of older Albertans who moved to other provinces moved to British Columbia.)

Increased Percentage of Persons 85 Years of Age and Over

More Albertans are living longer. In 1981, 38 percent of the elderly were 75 years of age and over, and 9 percent were 85 years of age and over. The proportion of those 85 and over in the senior population grew considerably between 1961 and 1981, from 5 percent to 9 percent (see Table 1). According to Alberta Bureau of Statistics projections (Series A, May 1984), persons age 75 and over may be 43 percent of the senior population by the year 2006, and those age 85 and over may represent 10 percent.

Sex Ratio

For the first time, in 1976, there were slightly more older women than older men, and by 1981 there were 14,920 more older women than older men (Table 1). Women were about 55 percent of the senior population and about 61 percent of those age 85 and over. The projections are that this trend will continue, and that the older female population will increasingly outnumber the older male population (Alberta Bureau of Statistics, May 1984).

Within the population age 55 to 64 years in 1981, women were also outnumbering men, while in all the age groups under age 55 men outnumbered women (Table 4).

*Graph 1b shows the over 65 as a percentage of total population in various regions of the province in 1984 and the projections for 1998.

Among Old Age Security recipients in 1981 (about 96 percent of the senior population), women outnumbered men in most regions of the province, with the exception of the north where the reverse was true (Senior Citizens Bureau, 1983).

Life Expectancy

The average life expectancy at birth in Alberta is increasing. In 1981 it was 72.4 years for males and 78.6 years for females (Alberta Bureau of Statistics, October 9, 1984); in 1976 these figures were 71.3 years and 78.4 years (Engelmann and Stevenson, 1980).

Living Arrangements

While the common belief is that most older persons are alone and lonely, the reality is that close to two-thirds of Alberta's seniors were living in a family situation in 1976 (1981 census data have not yet been obtained) - 46.9 percent with a spouse and 16.3 percent in an extended family situation (sharing housing with children, other relatives, or families unrelated to them).[3]

Twenty-three (23.3) percent were living alone and 13.4 percent were living with groups of one or more unrelated persons in "collective dwellings," a category covering those living in facilities, for example, lodges, nursing homes and auxiliary hospitals, or with a friend or in a boarding home (Graph 2). The majority of those living alone or in collective dwellings were women. This is not surprising since in 1981 slightly over half of the senior women were widowed while three-quarters of the men were married (see "Marital Status"). Alberta had a greater proportion of elderly in "collective dwellings" (13.4 percent) than Canada as a whole. The Canadian figure was 8.7 percent in 1976 (Statistics Canada, 1979).

The percentage of elderly living alone did increase slightly between 1971 and 1976, and the percentage of those in an extended family decreased by over two percentage points. The proportion of those living with groups of one or more unrelated persons ("collective dwellings") did not change, except for persons 75 years of age and over, where it increased from 22.6 percent to 24.4 percent (Tables 5a, 5b).[4]

While Alberta studies indicate that the vast majority of older persons (including those living alone) have many contacts with families and friends, it is of some concern that the proportion of those living alone, especially older women, is increasing. These persons may have no immediate help should problems develop. Also of concern is the fact that between 1971 and 1976, there was a two percentage point increase in the proportion of those age 75 and over in "collective dwellings."

Marital Status

According to the 1981 census, 57 percent of persons age 65 and over were married, 33.7 percent were widowed and 9.3 percent divorced or single (Graph 3 and Table 6). The vast majority of widowed persons were female (almost 5 times as many women as men), whereas men made up the majority of married, divorced or single persons.

The marital status of persons age 65 and over remained remarkably consistent during the twenty years between 1961 and 1981 (Table 6).

Location

While more than half the total Alberta population was located in Edmonton and Calgary, less than half, only 46.9 percent, of the elderly population was living in the two major urban centres in 1981. The smaller urban areas and the rural non-farm areas (the small towns and villages) had higher concentrations of those over age 65 than either the two major urban areas or the farm areas. The farm areas had the lowest percentage of seniors. There was a slight trend towards increasing urbanization of the older population between 1966 and 1981 (Tables 7a, 7b and 7c).

Among the Community Health areas (Health Units and Local Boards of Health), the Vegreville and Alberta East Central Health Units had the highest percentage of seniors (15 and 13 percent) in their populations in 1981. Fort McMurray and High Level/Fort Vermilion Health Units had the lowest percentage of seniors (Table 8).

Ethnic Background

The varied ethnic background of our present generation of elders can be seen in the fact that while 48 percent of them, according to the 1981 census, were of British background the majority were of other national backgrounds; for example, 13 percent were of German background, 10 percent Ukrainian, 4 percent French, 3 percent Polish and 3 percent Dutch.

Finances

It is difficult to know in any exact way the financial situation of persons age 65 and over as no complete information is available on assets. However, the information from the federal and provincial income support programs, presented in Section III, provides some indication of the income levels of Alberta seniors.

The percentage of Old Age Security recipients with incomes low enough to make them eligible for the supplements is dropping (Table 12), thus indicating that each year the general income level of Alberta's senior citizens is improving a little. As of December 1983 only 11 percent of Alberta Old Age Security recipients had no outside income and thus were living on only Old Age Security and full supplements at the guaranteed minimum income level. All other pensioners, the remaining 89 percent, therefore had at least somewhat higher total incomes (see Section III for more detail).

The National Council of Welfare estimates of low-income levels for 1984 ranged from $7,322 (rural setting) to $9,900 (urban setting of 500,000 population or more) for a single person and for a family of two, $9,569 to $13,063 (Government of Canada, 1984). As of July 1984 the minimum annual incomes in Alberta were $7,926.60 for a single pensioner and $13,764.72 for a couple, both pensioners. Of the 11 percent of Alberta

pensioners living at this income level in April 1984, the majority were single (Table 14).

It is interesting to note that, as of 1982, approximately 43 percent of Alberta's paid labour force were members of private pension plans as well as the Canada Pension Plan (Alberta Labour, 1984). This gives some indication that future generations of older persons may have more adequate retirement pensions.

Residence

The majority of older Albertans own their own homes. Information from the Department of Municipal Affairs indicates that in 1983 there were benefits provided for 113,742 units occupied by senior citizens. (Persons residing in nursing homes and auxiliary hospitals are not eligible for benefits.) Of these, 67 percent were for owner occupied units, 20 percent were for units rented on the private market, 12 percent were for subsidized units (senior citizen apartments and lodge beds), and one percent for mobile home units.

A lower percentage of benefits were provided for owner-occupied units in the cities of Edmonton and Calgary than in other areas of the province. In the northern regions in particular there appeared to be a high degree of home ownership among seniors (Senior Citizens Bureau, 1983).

Employment

The labour force participation of older persons is dropping. In 1951, of persons age 65 and over, 39 percent of the men and 4 percent of the women were employed. By 1982 this had dropped to 14 percent of the men and under 1 percent of the women (Table 9). Information from the 1982 edition of this paper (see Footnote 1) indicates that in 1976 the labour force participation of the elderly in Alberta was higher than that for Canada as a whole, and that the rate of participation was highest in the farm areas.

Health Status

The majority of older persons in Alberta are able to care for themselves. However, Alberta studies indicate that many have one or more chronic conditions, with cardiovascular, circulatory, and musculoskeletal problems most prevalent.[5] Section III shows the higher utilization of medical and hospital services by persons 65 and over.

The leading causes of death, in 1981, for persons age 65 and over were ischaemic (heart) disease and cancer followed by cerebrovascular disease. It is interesting to look at the statistics for the period 1977 to 1981 (Table 10) and notice the general drop in the number of deaths of persons age 65 and over per 1,000 age 65 and over (a very significant drop in deaths from heart disease). The only exceptions were slight increases in deaths from cancer.

Studies in Alberta and elsewhere suggest that approximately 15 to 20 percent of the older population may be in need of help on a continuing or

intermittent basis due to disabling conditions (Engelmann and Stevenson, 1980). A recent Ontario Government report suggests that this figure may be higher and that possibly 30 percent of the elderly have physical impairments and chronic conditions which limit their ability to carry out crucial tasks of daily living (Ontario, December 1981).

Since the middle of the century Alberta has been "growing older," with an increasing proportion of persons living to 85 years or over. Although it is still one of the youngest provinces in Canada, it is advisable to begin now to look at our social policy for older persons in order to ensure that we are providing the most effective and appropriate services for this age group. We need to examine constructively our present policies - our "preventive" programs and our supports for that small group of elderly persons who need some help, generally the "older" elderly who are making up an increasingly larger proportion of our older population. Hopefully, the data in this paper will enable us to do so in an informed manner.

II. INFORMATION AND COORDINATION

1. Senior Citizens Bureau - Department of Social Services and Community Health

The Senior Citizens Bureau was established in December 1975 to "act as an information centre and assist in the planning and coordinating of programs and services" (from the Speech from the Throne, January 23, 1975). In 1979 it was agreed that its role should be expanded to provide more of a clearinghouse function for demographic and program information.

The Bureau, a unit in the Policy and Program Development Section of the Social Services Division, provides information regarding services and resources available to seniors from the federal and provincial governments, municipalities and voluntary organizations. (A chart, Appendix A, shows the various Provincial Departments and the services relevant to senior citizens which they provide.) It supplies resource information and advice to government and community groups; provides grants for education, research and special projects in aging; and assists in the planning and co-ordinating of services to senior citizens. Concerning the latter, it specifically convenes a provincial Interdepartmental Co-ordinating Committee on Senior Citizens and provides secretariat services to a provincial Interdepartmental Subcommittee on Long Term Care.

In 1982 the Bureau handled 6,084 information requests and in 1983, 21,005 such requests. The large increase was due to extensive advertising of the booklet, Programs for Seniors. The largest number of information requests from 1980 through 1983 came from senior citizens and, in each of the four years, most requests were for general information about programs for seniors (Table 11a).

The Bureau published six issues of the Fact Sheet each year and updated the information booklet, Programs for Seniors. In 1982 an earlier edition of this paper, containing information on the use and costs of services for the elderly and demographic information, was published (see Footnote 1), as well as a kit, Understanding and Working with Older People (second printing in 1982/83).

Special projects and educational grants of $324,500 (1981/82), $374,040 (1982/83) and $341,000 (1983/84) were provided. The educational grants included funding to individuals for brief periods of study and grants to organizations to help with the cost of workshops. In 1983/84 a bursary program was started for health care professionals to enable them to spend four weeks of clinical study and work at the Youville Wing, Edmonton General Hospital (see Section IV, part 1). Table 11b shows the distribution of the grants from 1979/80 through 1983/84. A program of grants-in-aid of research in aging has started in 1984.

2. Provincial Senior Citizens Advisory Council

First established in September 1976, this Council is appointed by the Minister of Social Services and Community Health to advise the government on policies and programs for senior citizens and to make recommendations on priorities and the coordination of programs. It includes senior citizens, representatives of the Alberta Medical Association, the universities, and the Alberta Hospital Association and a Member of the Legislative Assembly. It has submitted seven annual reports beginning in 1977. These are available to the public and can be obtained from the Senior Citizens Bureau which provides the staff services for the Council. The Council has been particularly concerned about the need for alternatives to institutional care and has recommended (among many other things) an expanded and comprehensive home care service, and coordination of services for semi-dependent and dependent older persons (a single point of entry for these services). It has also been concerned about the education of persons working with the elderly and an adequate income support and pension system.

In June 1982 an Alberta Symposium on Aging was held. Sponsored by the Advisory Council, it brought together knowledgeable Albertans, including retired persons, professionals working with older people in government and voluntary agencies, academics, volunteers and others representing various aspects of community life. Experts in gerontology presented papers, and group discussions led to a variety of observations. The Proceedings are available from the Queen's Printer, 11510 Kingsway Avenue, Edmonton, Alberta, T5G 2Y5.

III. PROVISION AND UTILIZATION OF GENERAL PREVENTIVE PROGRAMS

Income support, housing and health benefits as well as an increasing number of community opportunity programs are provided for older persons by the federal, provincial and municipal governments, in some instances through voluntary bodies. The income and health benefits and services described in this section are available to and used by almost all persons age 65 and over, and the housing programs by many. Most of the community opportunity programs are not uniformly available, and it is believed that the numbers of older persons using them are relatively small.

1. Income Security Programs

Federal and Provincial Income Support Programs

The federal and provincial governments provide an income support system for older persons to ensure their economic independence. The federal government provides Old Age Security benefits (O.A.S.) to all persons age 65 and over who meet the residency requirements and the Guaranteed Income Supplement (G.I.S.) to those on O.A.S. who have little or no additional income. Spouses, age 60 to 64, of lower income pensioners receive the Spouse's Allowance.

The Alberta government supplements the income of pensioners receiving the federal supplement with the Alberta Assured Income Plan (A.A.I.P.). The amounts of both the federal and provincial supplements are determined by the amount of income (not O.A.S. benefits) received by the pensioner.

As of July-September 1984, the monthly amounts of these benefits were:

Old Age Security monthly payment	$269.74
Maximum monthly G.I.S. (single)	$295.81
Maximum monthly G.I.S. (each for married persons)	$208.79
Maximum monthly A.A.I.P.	$ 95.00

Guaranteed minimum monthly income in Alberta	
Single pensioners	$660.55
Married couple	$1,147.06.

On June 28, 1984 the federal government passed Bill C-40, which proposed to increase the income of low-income single pensioners receiving the Guaranteed Income Supplement in two stages: a $25 increase in July 1984 and a further $25 increase in December 1984. This increase will give single pensioners receiving supplements a standard of living equivalent to that of married couples who are receiving supplements.

Old Age Security information gives some indication of the income (not the assets level) of Alberta pensioners, as the income supplementation provided by the federal and provincial governments is based on the reporting of income other than the Old Age Security benefits (actual income rather than non-income producing assets).

Little is known about the incomes of the pensioners who received only Old Age Security benefits, 52.1 percent in December 1983, except that they had too much income to be eligible for income supplementation. Their total incomes, therefore, exceeded those of the 47.9 percent of pensioners receiving the federal and provincial supplements. (An insignificant number of these persons may not have applied for the supplement either because they did not know about it, were not aware they were eligible or had negative attitudes toward receiving government help.)

The percentage of pensioners needing the supplements decreased steadily between 1973 and 1983 (from 62.7 percent to 47.9 percent). Although between 1973 and 1983 there was an increase of 45,701 persons receiving Old Age Security benefits, there was an increase of only 4,082 persons receiving the Guaranteed Income Supplement (Table 12 and Graph 4). Between 1975 and 1983 there was an actual decrease of 11,480 persons in the numbers of those age 65 and over who had no outside incomes and so were eligible for the full supplements (Table 13). It is probable that this decrease was due to persons receiving Canada Pension and private pension benefits, and possibly to increased income because of rising interest rates. Two thirds of these persons on maximum supplement were single (as of April 1984, Table 14).

In general, "older" pensioners were more in need of income supplementation. Old Age Security data from December 1983 show that younger pensioners had more income (as mentioned, we have no information on assets) than older pensioners. Approximately two-thirds of pensioners 80 years of age and over had reported low enough incomes that they were eligible for all or part of the federal and provincial income supplements. One fifth of them had no outside income and were receiving the maximum supplements. In contrast only one-third of the pensioners between the ages of 65 and 69 required income supplementation, and less than one-tenth, or 7 percent, had no outside income and therefore needed the maximum supplements (Tables 15 and 16).

Looking at the distribution of reported income (income in addition to the Old Age Security or Guaranteed Income Supplement benefits) of those age 65 and over receiving income supplementation, one finds that the largest percentage reported outside incomes of $249.99 a year or less, 36.1 percent of those who were single and 29.2 percent of the married couples (Table 17).

Statistics on Old Age Security recipients from June 1981 indicate that a high percentage of the pensioners in the northern regions of the province were receiving income supplementation while those in the

southern regions, in particular Calgary and Edmonton, were less in need of income support (Senior Citizens Bureau, 1983).

The federal and provincial governments spent $712,179,422 on income support programs for Alberta pensioners in 1982/83. This was a considerable increase (74 percent) in expenditure since 1978/79 (Table 18). However, it is of interest that the payments for the Alberta Assured Income Plan dropped by about $3 million between 1982/83 and 1983/84 (from $64.5 million to $61.4 million).

Social Allowance, Assured Income for the Severely Handicapped, Widows' Pension - Department of Social Services and Community Health

Income benefits from the Social Allowance and the Alberta Assured Income for the Severely Handicapped programs were received by 1,346 persons age 65 and over who did not have enough income to meet their basic needs (1983). This was a slight drop from the 1,804 persons receiving assistance in 1980 (Table 19). In March 1984, 302 seniors were receiving benefits from the Alberta Assured Income for the Severely Handicapped program. Forty percent were 85 years of age or older (Tables 20a and 20b). In 1980, 171 seniors were receiving such benefits.

Started in May 1983, the Alberta Widows' Pension program is an income support program for lower income widows and widowers between the ages of 55 and 64. As of July 1984, there were 2,808 women and 123 men on this program.

Eligibility for Social Allowance is based on need, income and cash assets and for the other two programs on income only.

2. Health Programs

Medical Services

Information from the Department of Hospitals and Medical Care indicates that the use of medical services (physicians' services) by older persons is not disproportionately high, considering the fact that chronic illness is more prevalent in the later years of life. In 1980/81, the 166,141 persons 65 and over covered by the Alberta Health Care Insurance Plan used 14.3 percent of all medical services provided (Table 21).

From 1973/74 to 1980/81 the number of medical services per person used by persons age 65 and over increased slightly (from 12.2 to 15.6 per person), and older persons used more services per person than the average for persons of all ages (Table 22). Women used slightly more services per person than men (Table 21).

The amounts paid per person for those age 65 and over have also increased. In 1973/74 the amounts paid were $105.87 per person for men and $102.55 per person for women, and by 1981/82 these figures were $270.00 for men and $256.35 for women (Table 23).

Looking at the types of medical services utilized by the older population, one finds that older persons used more hospital and office visits and pathology services than other services, and considerably more hospital visits and house visits (includes visits to nursing homes) per thousand than the population as a whole in 1980, 1981 and 1982 (Table 21). Between 1980 and 1982 the utilization of all services by the elderly generally increased (based on number of services per 1,000 persons) with the exception of hospital visits. Pathology services and office visits showed the greatest increases. Information for 1978/79 (see earlier publications of this paper) shows that persons 75 and over used on the average the greatest number of services per person and received five times as many house visits and more than twice as many hospital visits as persons age 65-74.

General Hospitals

Persons age 65 and over, although only 7.3 percent of the population, made up a higher percentage of the separations (discharges) from general hospitals and used a higher percentage of the patient-days. This is not surprising in view of the higher incidence of chronic disease found in this age group.

Older persons accounted for 18.4 percent of the separations from general hospitals in 1981, an increase of 1.4 percentage points from 1976, and used 36.7 percent of the patient-days, a 3.7 percentage point increase from the earlier date (Tables 24 and 25).

In 1980/81 persons age 75 and over used a majority of the patient-days used by seniors and accounted for a slight majority of the separations. The average length of stay in days for those 65 and over was 16.2 days and for those 85 and over 21.3 days. Elderly men used more patient-days than elderly women. They also had a slightly longer length of stay and represented a slightly greater percentage of the discharges of those age 65 and over (Table 26).

However, between 1972 and 1980/81, the average length of stay in days of persons age 65 and over did not increase and the number of patient-days per 1,000 age 65 and over and separations per 1,000 age 65 and over decreased (Table 27).

The separations, average length of stay, and patient-days data indicate that it was not so much a matter of a large number of elderly individuals using the general hospitals, but rather that, once in hospital, they stayed on the average much longer than younger persons. It would be interesting to determine the actual number of elderly individuals who used the over one million patient-days in general hospitals.

Information on the use of patient days by diagnosis and age is available for 1976, 1977 and 1978. For those 65 years of age and over, "diseases of the circulatory system" led in the reason for the use of patient days, followed by "accidents, poisonings and violence" and then "neoplasms" (Table 28). In 1977 (information in earlier

publications of this paper), persons age 75 and over used a somewhat higher number of patient-days than persons age 65-74 for "symptoms and ill-defined conditions," "special conditions and examinations without sickness" and "accidents, poisonings and violence."

The operating support for active treatment hospitals for the year ended March 31, 1981 was $580.2 million (Alberta Hospitals and Medical Care, 1980/81). This does not include capital costs, equipment grants, and so forth. For the year ended March 31, 1982 this figure was $742.6 million (Alberta Hospitals and Medical Care, 1981/82).

Although older individuals use a large proportion of the patient days, only one general hospital in Alberta has as yet a specialized unit (a geriatric unit) providing assessment and rehabilitation for older persons who have multiple problems requiring the skills of a multidisciplinary team. The geriatric assessment and rehabilitation hospital (Youville Wing) attached to Edmonton General Hospital, which opened in April 1982, is the first of its kind in the province (see Section IV for further detail).

Extended Health Benefits Program

The Department of Social Services and Community Health is responsible for providing benefits for hearing aids, medical equipment and surgical supplies and appliances for persons age 65 and over and dependents. In 1982/83 the expenditures for 40,400 clients were $16.5 million. This was a considerable increase from 1980/81 when the expenditures were $8 million, and the clients numbered 36,453 (Table 29a).

The Department of Hospitals and Medical Care covers the cost of the services of dentists, dental mechanics, optometrists and ophthalmic dispensers for seniors and dependents. The number of patients and the expenditures for these services have also been increasing (Table 29b). Between 1977 and 1982, the number of dental patients rose from 36,690 to 46,543 and the expenditures from $5.87 million to $10.39 million. Expenditures for the total program more than doubled ($8.4 million to $17.3 million), while the number of patients increased from 65,211 to 82,087.

Optional Health Services (Alberta Blue Cross Benefits)

The Optional Health Services program of Alberta Blue Cross is available at no cost to Alberta residents 65 and over and their dependents through the Alberta Health Care Insurance Plan. The Blue Cross Plan is reimbursed by the Health Care Insurance Plan for the claims expenditure and for the associated administrative costs. The program covers prescription drugs (80 percent of costs), ambulance costs and some other services.

Non-group benefits and administrative expenditures for persons age 65 and over and their spouses and dependents, and for other non-group members, for the period April 1, 1981 to March 31, 1982 were

$42.1 million; 1980/81, $34.6 million; 1979/80, $31.4 million; 1978/79, $25.9 million (Alberta Hospitals and Medical Care, Health Care Insurance Plan, 1979, 1980, 1981, 1982). These expenditure data are net over deductible and co-insurance amounts payable by individual non-group members, under age 65.

3. Housing Programs

Seniors' Home Improvement Program - Department of Housing

The Seniors' Home Improvement Program commenced on December 1, 1982, replacing the Alberta Pioneers' Repair Program (1979 to 1982) and the Senior Citizens' Home Improvement Program (1976 to 1979). It provides grants of up to $3,000.00 to lower income senior citizens (and may include widows/widowers, age 55-64) to improve or repair their own homes.

From December 1, 1982 to December 31, 1983, a total of 43,909 applications were approved at a cost of $124.75 million. Prior to this, the provincial government had provided a total (including both the Alberta Pioneers' Repair Program and the Senior Citizens' Home Improvement Program) of $105 million for home improvement grants to senior citizens.

Home Adaptation Program - Department of Housing

The Home Adaptation Program provides grants up to $1,000 for each housing unit for permanent modifications which facilitate access by wheelchair users (of any age) to the home, or movement within the home.

From April 1, 1978 to December 31, 1983 a total of 908 applications were approved at a cost of $942 thousand.

Property Tax Reduction Benefits - Department of Municipal Affairs

In 1983, 76,106 property tax reductions of up to $1,000 each were received by senior citizen homeowners for a total of $43,025,440.12. In 1979/80, $12.05 million in reduction benefits were provided.

Rental Assistance - Department of Municipal Affairs

In 1983, 22,193 grants of $1,200 each, totalling $26,631,600.00, were paid to seniors in non-subsidized housing. Seniors living in government-subsidized housing such as senior citizens lodges and apartment buildings received 13,892 grants of $600 each for a total of $8,335,200.00. Rental assistance of $1,000 each was available for senior mobile home owners renting the land or space for their units and not receiving property tax reduction benefits; 1,551 mobile home owners in 1983 received grants totalling $1,551,000.00.

In 1980/81, a total of $26 million in rental assistance was provided to seniors; the individual grants were somewhat lower in that year.

Subsidized Apartment Housing for Senior Citizens - Department of Housing

Since 1978, the number of senior citizens' apartments has more than doubled. As of March 31, 1983 there were 321 senior citizens' housing projects with 9,903 units rented on a rent-to-income basis, and 1,155 units built with 1/3 grants from the Alberta Housing Corporation[10] making a total of 11,058 units (compared with 4,979 in 1978; 6,576 in 1980; 8,917 in 1982). The approved global budget for 1983/84 was $116,200,000 for 1,899 units.

The annual subsidies for these units have been as follows: 1979, $11.3 million; 1980, $14.8 million; 1981, $21.9 million; 1982, $28 million. The federal government covers 50 percent of these costs.

This housing, which rents for 25 percent of the gross monthly income,[11] assists senior citizens in meeting the increasing costs of rental housing and provides relief for those who find the care and upkeep of a house physically too demanding. Even quite frail older persons are still able to live independently, and support services can be provided easily when needed. Two housing projects (one in Calgary and one in Edmonton) have made a specific attempt to provide "outreach" to residents to ensure that those needing help receive it quickly and promptly.[12]

Slightly over half of the heads of tenant households in self-contained housing in 1980 were 70 to 79 years of age, and about one-fourth were 80 years of age or more. Three-quarters of the tenants were women, and slightly over two-thirds of all the tenants were widowed (Alberta Housing, 1983).

Some low rental units (9,589 as of April 31, 1982) are also available in apartment complexes built by non-profit corporations and private developers. Senior citizens are given priority for all bachelor and one-bedroom units.

4. Community Opportunities

Federal New Horizons Program - Health and Welfare Canada

New Horizons provides funding to groups of ten or more retired persons for projects of a social, recreational, cultural, historical and service nature. While still funding recreational projects in drop-in centres, lodges and housing sites, New Horizons has been increasingly involved in "seniors assisting seniors" projects such as home repair, telephone reassurance and friendly visiting services.

New Horizons funding grew from $703,027 in 1978/79 to $913,366 in 1983/84 and the number of projects from 126 in 1978/79 to 143 in 1980/81, dropping to 138 in 1983/84. Throughout these years most projects have been of an arts and crafts and indoor recreation nature (Tables 30a and 30b).

Consumer Information Programs - Department of Consumer and Corporate Affairs

The department does not have programs specifically for older persons, and the extent to which seniors use the general services is not known.

However, the Consumer Education Branch works with senior citizens' groups to develop publications, surveys and workshops on issues of concern to them. In 1979/80, the Department conducted a survey of seniors' consumer concerns with the Alberta Council on Aging,[13] which showed that the major concerns were the rising prices of food, clothing and shelter.

Continuing Education - Department of Advanced Education

Further Education Services of the Department of Advanced Education provides grants to reduce tuition fees for non-credit courses for adults offered through any organization or agency belonging to a local Further Education Council. Special ministerial grants have been provided for "spring sessions for seniors" at the University of Alberta in Edmonton and the University of Calgary and for programs at Kerby Centre, a senior centre in Calgary. The extent of funding specifically for courses for seniors is not known, nor is the extent to which seniors make use of the continuing education opportunities.

Financial Assistance for Facilities and Performing Arts Assistance - Department of Culture

The Senior Citizens Facility Grant Program provides funds for the capital cost of projects that will assist in meeting the social, cultural and recreational needs of seniors. Incorporated seniors' groups may apply directly and unincorporated seniors' groups may apply through an incorporated community group that provides support services to senior citizens. Approximately 300 applications are received each year, with an average expenditure of $757,000.00 every year since the program began in 1979.

In 1980/81 a study on the needs of seniors interested in the performing arts indicated that seniors are concerned about the following: the need for resource people with technical knowledge to aid groups in getting started; participation; the accessibility of facilities and materials; the need for leadership training, for establishing communication lines, for transportation assistance and for funding.[14]

Consulting Services and Financial Assistance for Facilities - Department of Recreation and Parks

Local recreation programs are provided throughout the province by municipalities. Special programs for seniors include recreation centres, tours, arts and crafts classes, golf and swimming lessons and fitness programs.

The Recreation Services for Special Groups section of the Department offers consulting services, program information, library resources, workshops and seminars on leadership and retirement planning for the pre-retired and retired. Materials on sports and fitness for seniors have been published.

A three level training program for fitness instructors has been implemented, co-sponsored by municipal recreation departments and/or community colleges. Five colleges are now involved: Mount Royal in Calgary, Lethbridge, Medicine Hat and Red Deer Community Colleges, and Lakeland Community College in Vermilion. In smaller centres, municipalities have assumed the supportive role. Participants include senior citizens; community fitness instructors; staff from lodges, nursing homes and auxiliary hospitals; physical education students; physiotherapists; and recreation programmers from municipal recreation departments.

The Department provides an operating grant to the Alberta Senior Citizens Sport and Recreation Association (office in Calgary) and sponsors summer games for seniors every second year. The Games first started in 1980 (1984 grant for Games, $120,000). Some special project grants of up to $5,000 are available (in 1980/81, 3 were provided for seniors' projects).

The Department also provides matching capital grants for recreation facilities through the Major Cultural/Recreation Facility Development program (a shared program with the Department of Culture, as some of the grants are to be used for cultural facilities). The program is providing $100.00 per capita over a ten year period (1976-85). MCRF grants specifically for seniors' facilities:

1978/79 - $225,114 (total allocation - $19.8 million)	1979/80 - $366,951 (total allocation - $27.3 million)	1980/81 - $132,676 (total allocation - amount not available)

Alberta Council on Aging

The Alberta Council on Aging, which was organized in 1966 and since 1975 has received an operating grant from the Department of Social Services and Community Health (Senior Citizens Bureau), is a voluntary organization of individuals, groups and agencies concerned with the process of aging and improving the situation of older persons.

In 1983 the Council completed a three-year demonstration project, "Project Involvement," which tested a model for senior citizens' participation in three types of communities. The summary and final report of "Project Involvement" are available from the Council (see Footnote 13).

The Council encourages active senior participation in the development of policy and programs in health care, the arts, education, senior centres, transportation, crime prevention and education.

A provincial newsmagazine for seniors is published 10 times per year and widely distributed, and the Council has published other studies and reports. In September 1981, the Alberta Council on Aging published the first issue of FORESIGHT MAGAZINE, a quarterly publication which assists those who are planning for retirement and provides on-going information on new programs, services and options at retirement.

As of 1982/83, the Council had 1,385 individual members and 2,668 affiliate members (Table 31).

Senior Citizens Centres

There were, in 1981, 211 senior citizens centres in the province open at least one day a week, and 180 were open two days a week or more. Almost all were operated by voluntary boards of retired persons. A survey in 1981 by the Planning Secretariat, Alberta Social Services and Community Health, found that the majority raised their own capital funds, receiving some assistance from the federal New Horizons program and the Departments of Culture and Recreation and Parks (see earlier sections). Sixty-nine of the centres had paid staff with the majority, particularly in rural areas, having janitorial staff only (Planning Secretariat, 1981).[15]

The centres had mainly recreational and social activities. Only the larger centres in the urban areas provided services in addition to recreational and educational programs. These centres had, and still have, paid co-ordinators or directors and other staff (volunteer co-ordinators, information workers, outreach workers, for example), and they offer services such as information and referral, group meal services, newsletters, housing registries, and outreach visiting to the homebound. Several of the centres have health counselling and information services, using retired nurses; the Kerby Centre in Calgary provides minor health care in its health clinic, and the Society for the Retired and Semi-Retired in Edmonton provides a foot care clinic.

A few centres receive funds from the Department of Advanced Education for continuing education programs, and four receive funds from the Department of Housing to operate housing registries. Three centres have space provided by the Department of Housing. In Edmonton, two large recreational centres for seniors are operated by the City of Edmonton Parks and Recreation Department.

The major source of operational funds for senior centres is the general community social service funding available through the Family and Community Support Services program of the Department of Social Services and Community Health, a joint effort of the Department and interested municipalities. The purpose of FCSS funding is "to promote the health and social well-being of groups and individuals by minimizing conditions which reduce personal well-being." Municipalities, if they wish to be in the program, sign an agreement with the Department, which then provides per capita funding for 80 percent of the cost of funded projects. The municipalities determine

which projects should be supported.[16] In 1980/81, $708,942 was provided (provincial funding) to 34 centres (Table 32), the same number of centres but slightly more funding from that provided in 1978/79.

In addition to the operating grants, the Department of Social Services and Community Health has also provided some capital funding for senior citizens centres.

Community Health Nursing Services - Department of Social Services and Community Health

Community Health Nurses provide a province-wide service funded by the Department of Social Services and Community Health and administered by the 27 local health authorities.[17]

In 1982, 7.5 percent of all community health nursing time spent in direct service to clients was given to persons age 65 and over (9 percent in 1978, 6.6 percent in 1979 and 7.4 percent in 1981). There was considerable variation among the health units in various regions of the province in the percentage of nursing time devoted to older persons (Senior Citizens Bureau, 1983).

Tables 33a, 33b, 34, 35a and 35b show the community health nursing activities with persons 65 to 74 years of age and age 75 and over from 1978 to 1982. The majority of the individual counselling sessions and health assessments and screenings were with persons age 75 and over. With the advent of the Coordinated Home Care program in 1978 the work of the community health nurses shifted from "treatment" and "follow-up" to "well-adult" and "general health." However, in all five years chronic disease was the major reason for community health nursing contacts with persons age 65 and over.

IV. PROVISION AND UTILIZATION OF SPECIAL SERVICES

While the majority of older persons function well in spite of some chronic disabilities, there is a small percentage, possibly 15 to 20 percent (Engelmann and Stevenson, 1980), who have significant disabilities caused by chronic illnesses. These persons, who are generally older, need help on an intermittent or a continuing basis. Many receive such help from family and friends, but they and their families and friends, if they are not to be overtaxed, may need some help from formal services.[18]

Alberta provides some special services (often called long term care services) for these older persons. Some of these are provided on an outpatient basis or are delivered to homes and apartments; many are residential and institutional services. The data in this report show that persons 80 years of age and over were a large percentage of the users of most of these special services which are planned and delivered through three different provincial government departments (see Appendix A).

The Department of Social Services and Community Health funds the Coordinated Home Care program (health and support services) which is delivered by the Local Health Authorities, and it also funds other support services delivered by some municipalities. Department staff provide some direct service to the elderly through the Mental Health clinics and the three Extended Care Centers operated by the Department. The Department of Housing (Alberta Housing Corporation) builds the lodges which are operated and subsidized primarily by municipalities. Nursing homes and auxiliary hospitals are funded by the Department of Hospitals and Medical Care and operated by voluntary organizations, hospital districts and private enterprise. Each of these services has its own assessment processes and staff and its own eligibility criteria.

Public expenditures in 1982/83 for the following long term care services - Coordinated Home Care, FCSS support services, lodges and unique homes, nursing homes and auxiliary hospitals - were approximately $245 million.

In 1983 an Interdepartmental Committee on Long Term Care was established. Consisting of senior officials of the three departments and the Corporation, it has responsibility for discussing and reviewing issues related to long term care.

1. Community Services

Mental Health Services - Department of Social Services and Community Health

The number of persons 65 and over served by the mental health clinics of the six regions increased considerably between 1978/79 and 1982/83, from 496 persons to 2,874 persons (Table 36). In all five years the majority of older clients were served by the Edmonton and Red Deer regions. Edmonton and Calgary Regions each have a psychogeriatric team.

The caseload contacts with seniors also increased between 1978/79 and 1982/83, from 3,332 to 8,784. (A caseload contact is any contact made by telephone or in person with, or on behalf of, a client.) More significantly the percentage of total caseload contacts that represented contacts with persons age 65 and over increased from 3.3 percent to 5.6 percent (Table 36).

Utilization data from 1980/81 indicate that a large proportion of the persons age 65 and over being served by Mental Health Services (inpatients and outpatients) were single (never married status), a much larger proportion than that of seniors in the province as a whole (Table 37). It is also interesting to compare the utilization of outpatient services (the clinics) with inpatient services (the two Alberta Hospitals, see Table 52b). While the majority of persons age 65 and over served as outpatients were women, the majority of inpatients of this age group were men. Furthermore, while the numbers of older persons served by the clinics increased, the numbers of persons in this age group who were inpatients decreased.

Home Care (Home-Delivered Services) - Department of Social Services and Community Health

The Co-ordinated Home Care Program began in 1978 and, as of July 1984, provides a variety of services to people in their own homes, including apartments and lodges, who are in need of health or support services due to a medical condition. Funding is provided to local health authorities who administer the program. Basic services include nursing and homemaker/homehelp services. Optional services may include physiotherapy, occupational therapy, speech therapy, respiratory therapy, handyman services and meals-on-wheels.

The total allocation to the Home Care Program in 1983/84 was $18 million. In 1982/83, it was $16.7 million ($10.5 million in 1980/81). As of June 30, 1983, twenty-six of the twenty-seven local health authorities were admitting patients (contrasted with twenty-two in June 1979). As of December 31, 1983, 80 percent of the clients on the Home Care Program were persons 65 and over (5,839 out of 7,299). The majority of the 5,839 persons were 75 years of age and over. Two-thirds of the senior clients were women (Table 38).

The major diagnoses of all clients on the Home Care program as of December 31, 1983 were circulatory, musculoskeletal, endocrine, nutritional, and metabolic disorders. Close to half of all clients admitted to the Program between January 1 and December 31, 1983 were referred by physicians (Table 39).

The largest percentage of persons discharged from the Home Care Program during the period January 1 to December 31, 1983 were discharged because the individual or the family could manage the care (26.35 percent). Twenty-two percent (22.44 percent) were discharged because they no longer required any service, and 17.14 percent were discharged because they were admitted to a health care facility. The type of facility is not indicated (Table 40).

Changes in the Home Care information system make it impossible to relate this data to data from earlier years. However, data on the utilization of Home Care services in earlier years can be obtained from previous publications of this paper (see Footnote 1).

In 1983/84 the Department of Social Services and Community Health released two studies on the Coordinated Home Care Program: The Alberta Co-ordinated Home Care Program - Entry Study by Abt Associates of Canada (October 1981) which looked at the entry (eligibility) to the Home Care program and A Review of the Co-ordinated Home Care Program for Alberta Social Services and Community Health by Resources Management Consultants (March 1983) which looked at the public's view of the Home Care program. Both are available from the Department.

In March, 1984, the Government announced a major expansion to the Home Care Program. Ten million dollars was added to the Program with the primary intention of extending the support services for persons age 65 and over. Persons age 65 and over are now (as of July 1984) eligible for Home Care support services (without the previous requirement for professional health treatment services), if their need for care is due to a medical condition.

Social Services, including both personal care services (help with bathing and dressing) and support services (homemaker, home help, handyman services, Meals-on-Wheels, friendly visiting, transportation and counselling), are crucial in meeting the needs of the frail and disabled elderly. Often the ability to live "independently" is dependent upon the availability of such help, whether or not a professional health treatment service is needed. Also, these services are most important in supporting and providing relief for caring family members. As explained above, such support services will now be available through the Co-ordinated Home Care program to persons age 65 and over with medical conditions limiting their ability to care for themselves.

Alberta municipalities play a major role in the provision of home support services. Provincial funding for support services for persons not eligible for home care is dependent upon the willingness of a municipality to enter the Family and Community Support Services program of the Department of Social Services and Community Health, and to establish and support such a service by providing 20 percent of the funding from local sources. (See Section III, Senior Citizens Centres, for further information about the Family and Community Support Services program.) Participation, therefore, is voluntary and, as a result, such support services have not been available throughout the province.

During 1980/81 Municipal Family and Community Support Services provided $2 million (80 percent provincial and 20 percent municipal) for the broad category of home support services. Of the users, 70.4 percent were persons 65 and over. There were 45 homemaker programs, 16 homehelp/handyman services, 18 meals-on-wheels programs, and 10 visiting/shopping programs. The Coordinated

Home Care Program often contracts with these services when they are available in the community.

The Program also contracts with the Victorian Order of Nurses, which provides nursing services in Calgary, Edmonton, Lethbridge, Grande Prairie and Medicine Hat.

Transportation Services

The Department of Transportation has a program to assist municipalities without public transit in the development of specialized services for senior citizens, the disabled and the handicapped. Unconditional grants are provided to towns, villages, municipal districts, counties, improvement districts and special areas without public transit; yearly grants are $2.00 per capita, based on their annual census population. The funds may be used to establish or assist in the establishment of a particular transportation service or the direct subsidization or upgrading of existing taxi/transportation services.

This six year program was started on April 1, 1979 and will run until March 31, 1985. The following funds have been provided: 1980/81, $1.44 million; 1981/82, $1.49 million; 1982/83, $1.57 million; 1983/84, $1.61 million.

Urban areas operating public transit services are also assisted in developing specialized services. All receive an annual grant based on population to assist in reducing the transit operating deficit of the regular system as well as to assist in providing for specialized transportation services for the elderly and disabled ($7.50 per capita in 1980/81, $9.00 per capita in 1981/82, and $10.00 per capita in 1982/83). Nine areas received the grant (Calgary, Edmonton, Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, Red Deer, St. Albert, County of Strathcona). Four other urban areas without public transit (Camrose, Drumheller, Wetaskiwin and Lloydminster) received $2 per capita.

In all, these areas received the following amounts under this program: 1980/81, $9.73 million; 1981/82, $12.40 million; 1982/83, $13.85 million; 1983/84, $14.48 million.

As the grant is unconditional, there is no record of the use of these funds. Some municipalities have held the funds in trust for future consideration, others have purchased a van, subsidized an existing service, or provided the funds to senior citizen and handicapped organizations who then have used them to assist with transportation.

Both the City of Edmonton and City of Calgary have specialized transportation services for disabled persons and provide city bus passes at very minimal cost. Outside of the two major urban areas there were, in 1983, handibus services in 55 different communities (information from the Home Care Unit, Alberta Social Services and Community Health, December, 1983).

Day Programs

Day care programs provide, on a daily basis, supervision, social activities and some personal care for disabled older persons (and some younger persons) to help these individuals maintain their functioning ability and prevent further deterioration if at all possible. Such programs are particularly important in providing relief to caring family members. Since April 1979 a small day program has been in operation in Edmonton, serving 14 to 15 persons a day four days a week, a total of 93 disabled and mainly elderly individuals (as of April 1984); 69 percent were over 70 years of age. Stroke and heart disease were the major causes of their disabilities. In 1984, 70 percent of the participants were living with a family member. Attenders paid for their lunches, and most for their transportation.

Until 1984, the program received funding, half from the Edmonton Family and Community Support Services program and half from the Senior Citizens Bureau, to cover its operating deficits. It was evaluated by the Planning Secretariat, Department of Social Services and Community Health, and as of April 1, 1984 it is being funded by a grant from the Home Care Directorate, Alberta Social Services and Community Health, with the remaining funding needed provided by the City of Edmonton Family and Community Support Services program.

The Cross Bow Day Hospital in Calgary (see below) has a day program one day a week which serves about 25 persons, the majority of whom are elderly. Funding for the program is included in the global budget of the hospital. No other formal services exist with a specific and special program for day care.

It was learned from a survey made by the Senior Citizens Bureau in July, 1984 that five lodges have one or two persons each coming for meals and socializing, and an additional one is willing to offer this. No services are provided, and those attending the lodge programs seem quite capable of self care. Seven nursing homes have had a few persons (one or two each) coming during the day on an ad hoc informal basis (no one was attending when the survey was made). The nursing homes are willing to provide baths in addition to meals and social activities.

Day hospitals provide medical and rehabilitation therapy, as well as recreational and social opportunities on a daily basis. Admission to the five Alberta programs is based on a medical assessment of need determined by a physician; the goal of the programs is rehabilitation. The five day hospitals are at Dickensfield Extended Care Centre in Edmonton; the Youville Wing, Edmonton General Hospital; and Cross Bow, Glenmore and Fanning auxiliary hospitals in Calgary. Financed by the Department of Hospitals and Medical Care, the first day hospitals were established in 1974 and (with the exception of Youville) are administered by the nursing home and auxiliary hospital districts. Glenmore and Cross Bow day hospitals

provide services to residents of nursing homes as well as to persons living in their own homes, and the Fanning Centre program works with depressed older persons. In 1979/80, Dickensfield served up to 25 patients a day and charged $15 a month for transportation (only charge); Glenmore served 11 persons daily and Cross Bow 15 persons daily. Both programs charged for lunch only. The Dickensfield budget (1979/80) was $104,886 (salary and wages only). The 1979/80 budget figures for Glenmore and Cross Bow were $188,200 and $185,400 respectively. Both budgets included salary, wages, supplies, and transportation.

No recent information is available on the utilization of the day hospitals and expenditure on them by the Department of Hospitals and Medical Care.

Four auxiliary hospitals have a very few persons coming on a day basis (not formal programs). They provide meals, personal care and rehabilitation therapy (July 1984 survey).

Geriatric Assessment and Rehabilitation Hospital

A geriatric assessment and rehabilitation hospital (Youville Wing of Edmonton General Hospital) officially opened on April 2, 1982. Under the direction of the Division of Geriatric Medicine, Faculty of Medicine, University of Alberta, it has both inpatient and outpatient services, including a day hospital, and provides a comprehensive medical/psychiatric service on a referral basis for older persons. It also serves as a teaching hospital for the Faculty of Medicine.

In four months of operation during the first year, 1982,

> 116 individuals originally destined for long term care placement were returned home to apparently stable discharges. This constitutes 31% of all admissions and 61% of all those admissions anticipated to require long term care placement by non-specialist geriatric staff. When the annual implications of the entire unit are projected from these figures, 478 individuals will be prevented from utilizing unnecessarily long term care facilities (from 1982 Annual Report, Department of Geriatric Medicine).

2. Residential Services

It is estimated that, in 1980, 16,447 persons 65 and over, or 10.4 percent of the elderly population (based on the 1980 estimated number), lived in residential or extended care facilities (Table 41). This was a slight decrease from the percentage estimated to be living in these facilities in 1978 (Senior Citizens Bureau, 1982). Included as residential and care facilities were lodges and other residential facilities, nursing homes, auxiliary hospitals, extended care centres operated by the Department of Social Services and Community Health, the two Alberta Hospitals (Edmonton and Ponoka) and Michener Centre. Persons age 65 and over in general hospitals were

not included, although persons who have been in general hospitals for an extensive period of time are often included in "institutional" figures from other provinces.[19]

Lodges

Lodges are residential facilities providing room and board to senior citizens who do not wish to (or cannot) handle their own housekeeping. The provincial government (Alberta Housing Corporation) builds the lodges which generally range from 45 - 65 beds in size, and municipally-appointed boards are responsible for the management and the setting of guidelines and regulations. Municipalities are also responsible for the operating deficits. (Above a certain deficit level, some funding is available from the Alberta Housing Corporation.)

As of March 31, 1983 Alberta had 124 lodges with 7,010 beds and 514 cottage units. (In 1980 there were 120 lodges with 6,632 beds and 484 cottage units; as of 1984 there are 127 lodges.) A number of the double rooms in lodges are being converted to single rooms as older people are increasingly expressing a preference for private accommodation.

It is estimated that, in 1982, there were about 40 lodge beds per thousand persons age 65 and over. However, lodges are found primarily in the rural areas of the province. In 1982 the cities of Calgary and Edmonton, with close to half the elderly population, had about 20 percent of the total lodge beds. A 1978 survey showed that, among the Foundation areas, the number of beds ranged from a low of 13 beds to a high of 136 beds per thousand elderly population in that year (Alberta Housing and Public Works, March 1979).

In 1982, the overall vacancy rate in lodges was 11.2 percent. Increased income support, increased subsidized apartment housing and community social and health programs may well have had an effect on the use of lodges.

There have been several surveys and reports on the lodge program. The survey by the Department of Housing in 1978 found that the average age of residents was 80.6 years, that the ages ranged from 40 to 107 years, that almost one-third were 85 years of age or over and that close to 25 percent of the residents used physical aids. The major aid used was a cane (Alberta Housing and Public Works, March 1979). Another survey, sponsored by the Calgary Metropolitan Foundation, provides some information on the characteristics and interests of the lodge residents in Calgary (de Cocq and Macleod, 1980). In 1982, the Alberta Health Facilities Review Committee conducted a survey of the lodges and concluded:

> This survey makes it clear that the role of lodges today is not the role that was intended when they were first established two decades ago. Lodge residents do not simply need housing, housekeeping, and meals. Now, in addition

to these services they frequently need help with their basic health care needs. The majority of lodges have at least 10% of residents needing help with medications and/or with bathing. As well, one third of lodges have at least 10% of residents assessed and waiting for nursing homes or auxiliary hospitals. These numbers seem likely to increase in the future (Alberta Health Facilities Review Committee, 1982).

As of May 1, 1984, the maximum charge for a lodge resident was $411 a month for a large single room , $353 per month for a single room and $316 each for a shared double room. Maximum rates are set by an Order-in-Council of the Provincial Cabinet.

The average per diem deficit per resident in 1982 was $595; the median deficit per resident per day was $6.07. The total provincial deficit for lodges in 1982 was $12,373,185 (average deficit per lodge was $102,257.73.[20]

The 1982/83 capital budget for the lodge program was $18.4 million (1979/80 capital budget, $7.2 million). The approved global budget for 1983/84 for 212 units was $10.2 million (information in this and the preceding paragraph from the Alberta Housing Corporation, 1984).

Other Residential Facilities

There are other residential facilities in addition to lodges. Owned and operated by voluntary associations, they provided room and board and some care to 894 older persons in 1981.[21] Admissions were determined by each home, and the fees paid by residents varied from home to home. The smallest home had 18 beds and the largest 170 beds.

Some public funding has (and is) being provided to nine of these institutions. The Unique Homes Assistance Program, administered by the Department of Housing, provided up to 75 percent of the justifiable operating deficit or $4.80 ($3.75 as of 1980/81) per patient per day, whichever was the lesser in 1982/83. The basic intent of this assistance is to keep these homes viable. In 1979/80, the Unique Homes Assistance Program provided $240,801 to these nine homes; in 1980/81, $391,000; in 1981/82, $374,554 and in 1982/83, $716,932.[22]

Most of these facilities are licensed under the Social Care Facilities Licensing Act administered by the Department of Social Services and Community Health.

3. Long Term Care Facilities

Care is provided to frail and ill elderly persons in nursing homes and auxiliary hospitals funded by the Department of Hospitals and Medical Care and in three extended care centres operated by the Department of Social Services and Community Health. Some older

persons are also cared for in the specialized facilities of the Alberta Hospitals (Edmonton and Ponoka) and Michener Centre (Red Deer).

Persons assessed as needing such care (a medical assessment of need) paid $8.00 per day regardless of their income or assets as of June 1, 1984. Semi-private and private accommodation is a little more. In order to obtain subsidized nursing home care, a person must meet the residency requirements. There are no residency requirements for the other institutional services.

Nursing Homes

Nursing homes provide:

> supervised, personal care for persons who are not ill enough to require hospitalization in a general or auxiliary hospital, but require assistance in coping with the activities of daily living (Alberta Hospitals and Medical Care, 1981/82).

In 1981/82 there were 80 nursing homes with 7,286 beds in Alberta; as of January, 1983, there were 7,324 beds, representing a ratio of 44 beds per thousand age 65 and over (Alberta Hospitals and Medical Care, 1984). The homes varied in size from 31 beds to 248 beds, and 34 were operated by private enterprise (3,536 beds), 11 by voluntary organizations (1,285 beds) and 35 by Districts (2,465 beds). The average percentage occupancy in the nursing homes in 1981/82 was 98.4 percent.

In 1981/82, three of the homes operated by private enterprise, seven of the homes operated by religious organizations, and twenty-four of the homes operated by the Nursing Home and Auxiliary Hospital Districts were accredited by the Canadian Council on Hospital Accreditation (Alberta Hospitals and Medical Care, 1981/82).

The majority of the residents of nursing homes were older women. As of December, 1980, 90 percent of the residents of these homes or 5,934 persons were 65 years of age and over, and 37 percent or 2,440 persons were age 85 and over. There was little change in the age and sex structure of Alberta's nursing home population over the four years, 1977-1980 (Table 42a). As this information is based on the age of residents at the time of admission, the actual ages of persons residing in nursing homes may have been somewhat higher.

Information from the Department of Hospitals and Medical Care (Systems and Data Processing) indicates that in 1980/81 persons age 65 and over used 88.8 percent of the nursing home patient-days and had an average length of stay of 1,098 days (Table 42b).

In 1979/80 (latest data available) 39 percent of the admissions to nursing homes came from general hospitals and 32 percent from private homes. Of the separations, 40 percent were due to death and 21 percent were transfers to general hospitals. Only 8 percent

were discharged to private homes (Table 43). There was little change between 1978/79 and 1979/80 in the sources of admissions, but the separations showed slightly larger percentages due to transfers to general and auxiliary hospitals and lower percentages due to death or discharges to private homes.

A patient census conducted by the Alberta Hospital Association in November 1979, shows the types of care considered to be required by the 6,685 residents in nursing homes (see Table 44). While "type of care" may be assessed in a fairly subjective way by staff and needs for care often fluctuate, the census does give some picture of the functioning ability of patients. Almost half the patients required Type 2 care (care required by a chronically ill, functionally disabled person with little need for therapeutic services but requiring 24 hour supervision) and 30.8 percent required Type 1 care (care required by a person who is ambulant and independently mobile, who has decreased physical and/or mental faculties and who requires primarily supervision and/or assistance with the activities of daily living).

A survey conducted by the Provincial Mental Health Advisory Council in 1980 provides some additional information on the characteristics of nursing home patients. Staff of nursing homes described 33 percent of the patients as being "mentally disturbed" (Provincial Mental Health Advisory Council, 1980).

From 1978/79 to 1982/83 the annual expenditures on nursing homes by the Department of Hospitals and Medical Care grew from $45,022,910 to $85,648,505 (Table 45). In addition, of course, each resident in a nursing home paid a co-insurance fee of at least $8.00 per day.

As of June 1984, the provincial per diem payment for each nursing home patient ranged from $36.85 to $37.35. One way of estimating the cost to the government for the care of a nursing home patient is to calculate the subsidy for a bed that is occupied throughout the year, 365 days. This would come to approximately $13,450.25 annually at the lowest rate of $36.85 per day.

In 1982, the Nursing Home Review Panel, which was appointed by the Minister of Hospitals and Medical Care, submitted a comprehensive report with 42 recommendations regarding the nursing home system in Alberta. This report is available to the public.[23]

Auxiliary Hospitals

Auxiliary hospitals are operated by voluntary and district boards and

> are designed and operated for persons who require elements of hospital care at a less intensive level than is provided in general hospitals. The patients, the vast majority of whom are age 65 and over, are usually chroni-

> cally ill or disabled. For some, treatment consists of rehabilitation to a point that return to the community or transfer to a nursing home or other residential facilities is possible. For others, treatment is the provision of necessary skilled nursing and medical care for an extended period of time, even though there is little prospect of rehabilitation (Alberta Hospitals and Medical Care, 1981/82).

As of January 1983, there were 4,384 auxiliary hospital beds in the province which represented a ratio of 26.4 beds per thousand age 65 and over (Alberta Hospitals and Medical Care, 1984).

The vast majority of these beds were in free-standing auxiliary hospitals, 35 in 1982. Five facilities were owned by religious organizations, one by a lay corporation, one by the province, one by a municipality and the remainder by Nursing Home and Auxiliary Hospital Districts. Twenty-eight of these hospitals were accredited by the Canadian Council on Hospital Accreditation (Alberta Hospitals and Medical Care, 1981/82). The remaining auxiliary hospital beds were in general hospitals.

Utilization data are not available for 1982/83. However, as of December 31, 1980, 82 percent of the patients in residence in the freestanding auxiliary hospitals (the data do not include the auxiliary beds in general hospitals) were age 65 and over and 34 percent were age 85 and over. The majority of these patients, 64 percent, were women.

The age and sex structure of auxiliary hospital patients changed relatively little during the years 1977, 1978, 1979 and 1980. There was a slight increase in the percentage of those age 65 and over (not quite two percentage points) and a four percentage point increase in those age 85 and over (Table 46).

In 1980/81, 81.5 percent of the auxiliary hospital patient-days were used by persons age 65 and over; 38.6 percent were used by persons age 85 and over. The average length of stay for seniors was 356 days (somewhat higher, 440 days, for those age 85 and over). Older persons accounted for 66 percent of the separations from auxiliary hospitals (Table 47).

It is interesting to look at the use of auxiliary hospitals over a period of time (Table 48). Between 1976 and 1980/81, there was little change in the percentage of patient-days used by the elderly, but quite a dramatic drop (from 80.4 percent to 66.1 percent) in the percentage of separations represented by persons age 65 and over.

The most recent information available on diagnosis and the use of auxiliary hospitals is from 1977. In that year, "diseases of the circulatory system" accounted for the use of the greatest

number of patient-days by older persons, followed by "diseases of the nervous system" and then "mental disorders." "Diseases of the nervous system and sense organs" accounted for the longest length of stay followed by "symptoms and ill-defined conditions" (Senior Citizens Bureau, 1982).

The latest information on the source of admissions to auxiliary hospitals is for the year 1979/80. In that year 65.4 percent of the patients admitted had been in general hospitals, 15.7 percent came from private homes and 11.5 percent from nursing homes (Alberta Hospitals and Medical Care, March 31, 1980).

In 1979 the Alberta Hospital Association census reported that close to half the patients (47.6 percent) in auxiliary hospitals were considered to require Type 3 care (that care required by a "chronically ill person with a limited potential for rehabilitation but needing a range of therapeutic services on a long-term basis"), and 39 percent were considered to be functionally disabled persons in need of 24 hour supervision (Type 2 care) - that type of care said to be required by about half of those in nursing homes (Table 49).

Expenditures for auxiliary hospitals increased from $56,860,644 in 1978/79 to $128,003,807 in 1982/83 (Table 50). In addition, as of April 1984, after the first 120 days, patients pay a co-insurance fee of $8.00 a day for a standard ward and $12.50 a day for a private room.

Extended Care Centres Operated by the Department of Social Services and Community Health

Rosehaven Care Centre, Claresholm Care Centre and Raymond Home are operated by the Department and serve older persons with varying degrees of mental dysfunctioning. In total they had 422 patients age 65 and over in 1983/84 (415 patients in this age group in 1980/81).

In 1983/84 Rosehaven Care Centre in Camrose had 283 beds with a 98 percent occupancy; all patients were age 65 and over, and the average age was 80 years. The 1982/83 expenditure for Rosehaven was $7.4 million.

Claresholm Care Centre had 119 patients age 65 and over, 55 percent of the 218 patients. The expenditure for Claresholm was $7.1 million in 1982/83. (See Table 52a for further information on Claresholm patients.)

There were 20 patients age 65 and over in Raymond Care Centre, 43 percent of the total 46 patients. The expenditure in 1982/83 for Raymond was $1.3 million.

Close to half the patients in these three centres were considered to need Type II care (see Table 44 for definition of Type II care) in 1979, according to the Alberta Hospital Association census (Table 51).

Alberta Hospitals (Edmonton and Ponoka) - Department of Hospitals and Medical Care

Some older persons received psychiatric care in the two Alberta Hospitals. As of March 31, 1983 there were 303 persons age 65 and over who were inpatients in these hospitals. They were 29.2 percent of all the patients at that time. This was a drop in actual numbers (40 persons less) from a year earlier and also in the percentage of the total inpatients they represented (Table 52a).

Looking at the numbers of elderly persons served throughout the year, one finds that there were 447 such persons (14.2 percent of all persons served by the two hospitals throughout 1982/83). This was a decrease from the number of older persons served in earlier years and a decrease in their percentage of the total (Tables 52b and 52c).

Earlier data indicate that a high proportion of the elderly inpatients were single or widowed (Table 37). It is also interesting to note that, while more older women than older men were served as outpatients, older men were a larger proportion of the inpatients.

Michener Centre - Department of Social Services and Community Health

Information from Michener Centre, Red Deer (an institution for the mentally handicapped operated by the Department of Social Services and Community Health) shows the following concerning residents and per diem costs:

1979 - 147 persons 65 and over, $48.40
1980 - 143 persons 65 and over, $53.15
1981 - 147 persons 65 and over, $53.15 (provisional)
1982 - 146 persons 65 and over, $73.27 (1981/82)
1983 - 146 persons 65 and over, $88.45 (1982/83)

4. The Public Guardian

The Office of the Public Guardian is under the Department of Social Services and Community Health. It provides, through the Dependent Adults Act, a legal means for support and protection by a guardian for a person 18 years of age and over who is unable to care for himself, unable to make reasonable judgements in respect of all or any of the matters relating to his person and is in need of a guardian. The appointment of a guardian must be made by the surrogate Court of Canada.

From the establishment of the Public Guardian in the fall of 1978 and to March 31, 1984, the Public Guardian was appointed guardian for 1,470 of the 5,112 persons for whom guardianship orders have been made. The remaining persons considered to be dependent adults had private guardians appointed. About 60 percent of those dependent adults are 65 years of age or over, and the vast majority are in institutions.

Statistical data from the Office of the Public Guardian for the period April 1, 1983 through March 31, 1984 indicate that 1,052 persons age 65 and over were placed under private guardianship that year, 49.6 percent of all the private guardianship appointments. For 892 persons the reason for guardianship was "diseases related to the aging process."

There were many fewer older persons, 262 persons, for whom the Public Guardian was appointed guardian. These persons were 46 percent of all persons who were placed under the Public Guardian. For 179 of these 262 persons the reason for the guardianship appointment was "diseases related to the aging process."

The Office of the Public Guardian has provided grants to voluntary associations (among them senior centres) to enable them to hire staff to find volunteers to work with persons under public guardianship and to provide educational services about guardianship. In 1983/84, approximately $290,000 was provided in such grants.

FOOTNOTES

1. C. Cornell and M. Engelmann, "Older People in Alberta," Alberta Social Services and Community Health, Quarterly Statistical Review, January-March, 1975. This article contains 1975/76 information.

   M. Engelmann, J. Howell, and N. Harper, "Profile of Older Persons in Alberta: Demographic Characteristics and Service Utilization," Alberta Social Services and Community Health, Quarterly Statistical Review, October-December, 1977. This article contains 1976/77 and 1977/78 information.

   M. Engelmann and C. Stevenson, "Profile of Older Persons in Alberta: Demographic Characteristics and Service Utilization," Staff Working Paper #1, Alberta Social Services and Community Health, Research and Planning Division, 1980. This article contains 1978/79 information.

   Senior Citizens Bureau, "Older Persons in Alberta: Their Use of Programs and Services." Edmonton: Alberta Social Services and Community Health, 1982.

2. The data on general hospitals, nursing homes and auxiliary hospitals and physicians' services are generally not as recent as the data from other services.

3. See also M. Engelmann and N. Harper, "Living Arrangements of Older People in Alberta," Quarterly Statistical Review, Alberta Social Services and Community Health, October-December, 1978. A request has been made for living arrangements 65+ data from the 1981 census, and it is hoped that they will be received shortly.

4. Even so, the majority of those 85 and over were apparently living on their own or in a family situation. While we do not have census information on their living situations, we do know that in 1978/79, out of an estimated population of 13,000 persons 85 and over, 3,038 were living in nursing homes and 1,763 in lodges. In addition, some very old persons were in auxiliary hospitals, extended care centres and homes for special care, but the numbers would not have been great, meaning that more than half of this group of elderly must have been living in the community.

5. Few studies involving representative samples of Alberta senior citizens have been conducted. Earlier publications of this paper contain a listing of those known to the Senior Citizens Bureau and some information about them. Two recent studies have been conducted of the needs of seniors in the Mount View Health unit area and the Foothills Health Unit area by Dr. D. Larson of the University of Calgary. The study in the Mount View area (a random survey of 350 seniors) looked at general health needs; the other study, conducted in both the Mount View and the Foothills Health unit areas, which was a random survey of 379 seniors, looked at mental health needs.

6. The list of papers and reports from the Bureau is available on request.

7. G.I.S. payments are decreased by $1.00 for every $2.00 of additional income, and A.A.I.P. payments are reduced by $.50 for every $2.00 of income until the payment reaches $10.00 a month, the minimum A.A.I.P. payment. A pensioner receiving even the minimum G.I.S. payment receives at least $10.00 a month from the province.

8. It is estimated that, in Ontario in 1976, 10.4 percent of the patients 65 and over used 39.7 percent of the patient days used by that age group in that year (Gross and Schwenger, 1981).

9. Renters' grants and property tax reduction benefits were extended in 1981 to include widows and widowers between the ages of 60 - 64 whose spouses were 65 and over at time of death, and in 1983 to include widows and widowers age 55 to 64 who are receiving the Alberta Widows' Pension.

10. These units are rented on a flat monthly basis at a below market rental.

11. Need is determined by family income, assets, condition of present accommodation, present rent and availability of services. The subsidies for the operating deficits are shared between the provincial and federal governments.

12. We are thinking in particular of Carter Place in Calgary and Pioneer Place in Edmonton. Saskatchewan and Manitoba now have what is called "enriched" or "sheltered" housing programs which consist of apartment housing with more management oversight and services easily available.

13. The survey is available from the Alberta Council on Aging, 10010 - 105 Street, Edmonton, Alberta, T5J 1C4.

14. The report is available from the Alberta Council on Aging, 10010 - 105 Street, Edmonton, Alberta, T5J 1C4.

15. A report of the survey of senior centres conducted in 1981 by the Planning Secretariat and the Senior Citizens Bureau (Alberta Social Services and Community Health) is available from the Bureau. It contains details about the centres in Alberta and their activities. There is also an earlier survey of some rural centres available from the Alberta Council on Aging.

16. During the 1975/76 fiscal year a number of new initiatives for older persons were made by the provincial government: the Alberta Assured Income Plan was started, the Senior Citizens Bureau was established and the Provincial Senior Citizens Advisory Council was appointed. These and the following program are described in the paper, Senior Citizens in Alberta, a Position Paper, released that year by the Department of Social Services and Community Health. Of crucial importance for social services for the elderly was the

"Senior Citizens Community Service Program" of Preventive Social Services (the former name of the Family and Community Support Services program). About $950,000 was allocated for seniors' projects only, and provincial expenditures related to services for seniors grew from about $300,000 in 1974/75 to $1.2 million in 1975/76. The senior citizens' allocation was discontinued after that year due to pressure from municipalities who felt the provincial government was setting priorities. Since that time the provincial Family and Community Support Services expenditure on projects related to seniors has grown to $2.5 million (1980/81).

17. The local health authorities vary as to the amount of community health nursing service provided to the elderly. It is up to each to decide what emphasis to place on work with the elderly. Interest in community health nursing work with older persons increased in 1975/76 when ten local health authorities received special funding to develop services for persons 65 and over. This was one of several initiatives in seniors' programs that year (see Footnote 15).

18. Three recent studies, one in Prince Edward Island, one in Regina, Saskatchewan and one in Alberta, verify the great extent of support provided by family members. One should also not overlook the support provided by friends (Prince Edward Island, 1981; Saskatchewan Senior Citizens' Provincial Council, 1981; Blair, 1981).

19. Lodge residents are included, as persons living in this type of "home for the aged" are usually included in figures from publicly funded facilities in other provinces (Level 1 care).

20. These deficits do not include the capital costs of the lodges.

21. To the best of our knowledge the number of these "homes" and the number of beds did not increase between 1981 and 1984.

22. These homes provide a range of care from lodge type care to nursing home care. A review of three of these homes, Bethany Sunset in Camrose, Haven of Rest in Medicine Hat, and the Good Shepherd in Wetaskiwin serving in total 162 older persons (Alberta Housing and Public Works, February, 1979), provides some information about the characteristics of the residents; average ages ranged from 77 years in the Haven of Rest to 80 years in Bethany Sunset (average age of lodge residents was 80). At the time this survey was made the user charges in these homes were considerably higher than those for lodges and nursing homes.

23. Contact the Senior Citizens Bureau for copies of this report.

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APPENDIX A

SERVICES FOR OLDER PERSONS, PROVINCE OF ALBERTA (MARCH, 1984)
(INCLUDES HEALTH, RECREATION, EDUCATION, HOUSING, TRANSPORTATION SERVICES)

	SOCIAL SERVICES AND COMMUNITY HEALTH	HOSPITALS AND MEDICAL CARE	HOUSING
Well Elderly Persons services that facilitate linkages, facilitate involvement	*Alberta Assured Income Plan for seniors receiving the federal supplement *Extended Health Benefits (hearing aids, medical, surgical supplies and equipment); available to all seniors and dependents 80% funding to municipalities for senior centres and information services; community development work; senior centres operated by voluntary boards (services funded depend on municipal priorities) 100% funding to local health authorities for community health nursing, health counselling and information, health screening (services provided to elderly depend on local priorities)	General Hospitals *No premium payments for medical and hospital insurance coverage *Blue Cross (no premium - 80% of drugs; ambulance costs covered) *Extended Health Benefits (eye glasses, dental care) These are available to all seniors and their dependents	Self-contained subsidized apartments (built by Housing Corporation, operated by municipalities and voluntary boards) Home Improvement grants (direct to individuals); senior citizens housing registries in larger municipalities
Frail and Disabled Elderly Persons services that assist people to live as normally and independently as possible	Outreach, friendly visiting from senior centres or Family & Community Support Services offices; Meals-on-Wheels, homemaker, home help, handyman services, services provided depend on municipal interest (not available in all regions) One day care service in Edmonton (serves about 15 persons daily) Geriatric surveillance (community health nurses); Coordinated Home Care Program (home nursing, rehabilitation services, homemakers in 26 of 27 health areas) (degree of service provided depends on priorities established by local health authority) Mental Health Clinics (operated by provincial department)	Day hospitals (5) 1 day hospital has a day care program 1 day a week 2 day hospitals have special programs for elderly with psychiatric problems	Self-contained subsidized apartments (built by Housing Corporation, operated by municipalities and voluntary boards) Home Improvement grants (direct to individuals); senior citizens housing registries in larger municipalities Home Adaptation Grant - (Grant to disabled for home renovation to accommodate people in wheelchairs)
services that provide alternative environments for those unable to remain at home	Rosehaven, Claresholm Care Centre, Raymond Home operated directly by the Department	Nursing homes provide board and room and personal care, operated by Districts, voluntary organizations, commercial ownership, funded by Department; auxiliary hospitals operated by Districts and voluntary organizations, funded by Department; two psychiatric hospitals provide special programs for elderly with psychiatric problems	Lodges, provide board and room (built by Housing Corporation, operated by municipal foundations) Homes for special care operated by voluntary boards, receive limited funding from Department; small number privately operated

*These are direct and indirect income support benefits.

RECREATION AND PARKS		MUNICIPAL AFFAIRS	ADVANCED EDUCATION	CULTURE	TRANSPORTAT
Grants to municipalities for recreation services (some used by seniors--varies from area to area). Provincial department provides consulting service to groups Special projects grants, a one-time-only grant up to $5000 to support innovative recreation programs Leadership and volunteerism training workshops for staff and client groups	Matching funds for capital development to organizations (some used by senior centres) Funds senior games, bi-annually Funds Senior Citizens Sport and Recreation Association which promotes games competition and fitness Sports/fitness training programs available to staff and client groups	*Renters' Grants (renters' grants not available to seniors in nursing homes and auxiliary hospitals) *Reduction of provincial education tax *Additional homeowner benefits (usually pays all or majority of municipal taxes)	Grants to local Further Education Councils (covers the cost of some non-credit courses for seniors); minimal tuition charges at post-secondary institutions Special purpose ministerial grants for University of Alberta and University of Calgary Spring Session for Seniors, and the Calgary Kerby Centre	Matching small grants for equipment and capital costs to senior centres, municipalities, lodges, nursing homes	Per capita gra to municipalit to be used for special transp tion services seniors and ha capped (grants unconditional; larger municip ities provide passes at redu cost)
Grants to municipalities for recreation services (some used by seniors--varies from area to area). Provincial department provides consulting service to groups		NOT INCLUDED ON THIS CHART			Per capita gra to municipalit to be used for special transp ation services seniors and ha capped (grants unconditional; larger municip ities provide passes at redu cost)

Senior Citizens Bureau, Department of Social Services and Community Health -- Provides information, consultation, temporary education and special project grants; informal coordination among provincial government services; operating grant to the Alberta Council on Aging; staff services to the Provincial Senior Citizens Advisory Council, a group of non-government representatives, appointed by the Minister of Social Services and Community Health. This Council provides advice to the government on specific policies and programs for senior citizens and advises in regard to priorities and the coordination of programs.

Career Counselling Services, Department of Manpower, provides retirement counselling information.

*Rebates to senior citizen homeowners, Department of Utilities and Telecommunications (to help with utility costs).

APPENDIX B

DATES OF ESTABLISHMENT OF PROGRAMS RELEVANT TO SENIOR CITIZENS

1958 - First auxiliary hospital; conversion of St. Joseph's Hospital, Edmonton, to an auxiliary.

1959 - Lodge program - Alberta Housing.

1964 - Contract Nursing Home Program - Alberta Hospitals and Medical Care.

1966 - Alberta Council on Aging organized (voluntary organization).

1969 - First senior centre established (voluntary organization).

Property tax reduction for senior citizen homeowners - Alberta Municipal Affairs.

1972 - Rental assistance grants for seniors citizens - Alberta Municipal Affairs.

Subsidized apartment housing for senior citizens (Alberta Housing Corporation established) - Alberta Housing.

Senior citizens exempted from premium payments for Alberta Health Care Insurance - Alberta Hospitals and Medical Care.

1973 - Extended Health Benefits program - Alberta Hospitals and Medical Care, Alberta Social Services and Community Health.

Supplement of $10.00 a month for Alberta pensioners receiving the federal supplement - Alberta Social Services and Community Health.

1974 - Further Education Services grants to reduce tuition fees for non-credit courses for adults - Alberta Advanced Education.

Three day hospitals, two in Calgary, one in Edmonton - Alberta Hospitals and Medical Care.

1975 - Alberta Assured Income Plan (an increase of the earlier income supplement) - Alberta Social Services and Community Health.

Operating grant for the Alberta Council on Aging - Alberta Social Services and Community Health.

Senior Citizens Community Service program: special allocation of Preventive Social Services funding for seniors' projects (1975/76 only) - Alberta Social Services and Community Health.

Community Health Nursing: special allocation of funds to ten Health Units for community health nursing services to older persons - Alberta Social Services and Community Health.

Senior Citizens Bureau - Alberta Social Services and Community Health.

1976 - Provincial Senior Citizens Advisory Council appointed by the Minister of Social Services and Community Health.

Senior Citizens' Home Improvement program (grants to homeowners) - Alberta Housing.

1978 - The Coordinated Home Care Program - Alberta Social Services and Community Health.

1979 - Senior Citizens Facility Grant Program - Alberta Culture.

Alberta Pioneers' Repair Program (grants to homeowners) - Alberta Housing.

Grants to municipalities for transportation for seniors and handicapped - Alberta Transportation.

1982 - Seniors' Home Improvement Program (grants to homeowners) - Alberta Housing.

Senior Citizens' Home Heating Protection Program - Alberta Utilities and Telecommunications.

Youville Wing, Edmonton General Hospital - Alberta Hospitals and Medical Care.

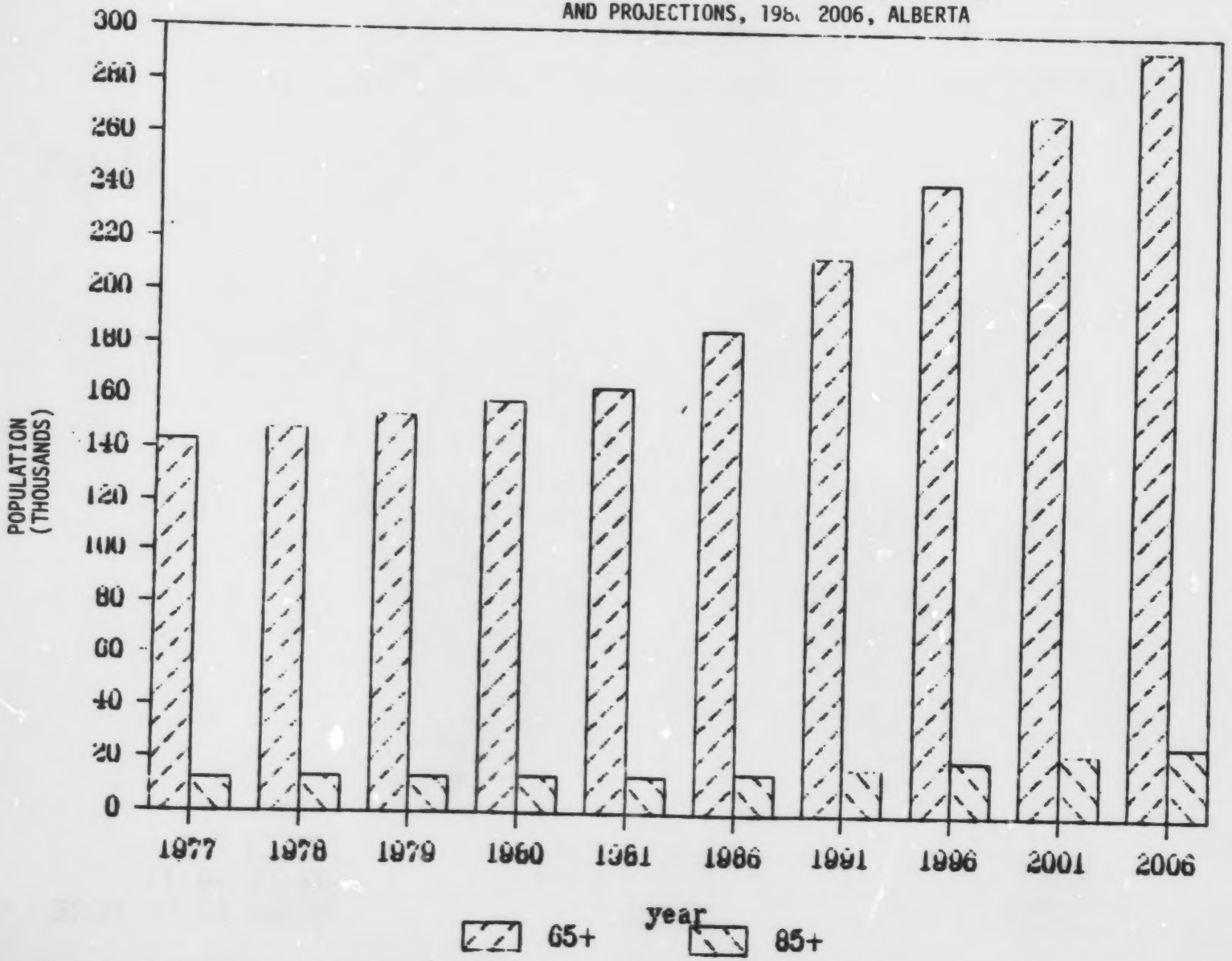
1983 - Senior Citizens Bureau bursary program - Alberta Social Services and Community Health.

Widows' Pension Program - Alberta Social Services and Community Health.

1984 - Senior Citizens Bureau grants-in-aid of research in aging - Alberta Social Services and Community Health.

APPENDIX C

GRAPH 1a NUMBER OF PERSONS 65 AND 85+, 1977-1981 AND PROJECTIONS, 198[illegible] 2006, ALBERTA



Source: 1971-1981, "Final Intercensal Estimates of the Population by Sex and Age, Canada and the Province," June 1, 1977 to 1981, Statistics Canada, unpublished data, 1986-2006 projections; Alberta Bureau of Statistics, Alberta Population Projections Update , 1984 - 2011, May 1984, Series A projections.

Alberta

GRAPH 1b

Over 65 as a Percentage of Total Population

1984

1998

PERCENT

5-6
8-9
11-12

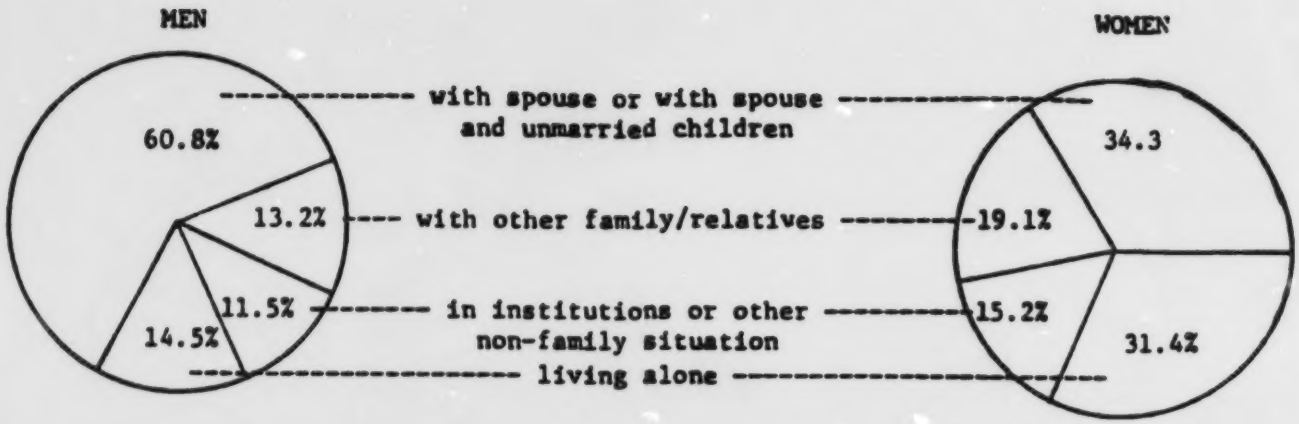
6-7
9-10
12-13

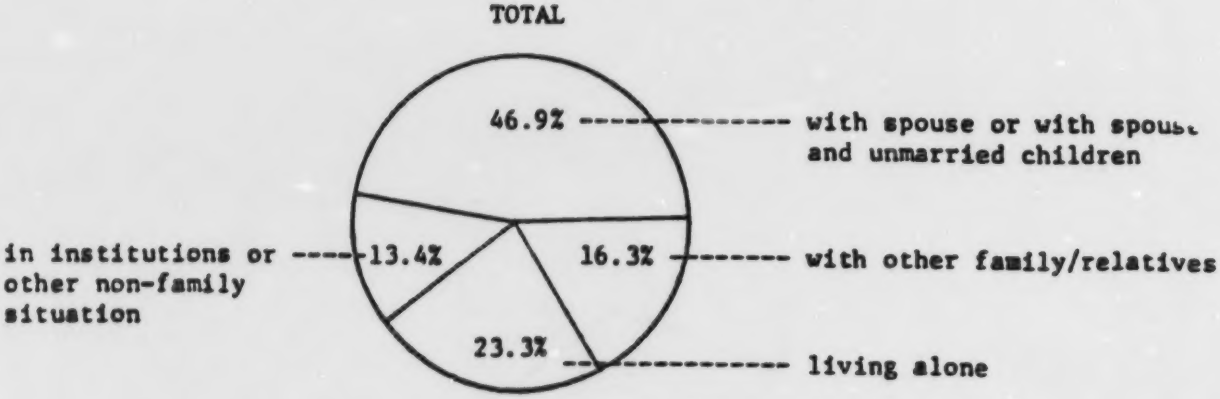
7-8
10-11
13 OR MORE

SOURCE: ALBERTA BUREAU OF STATISTICS
PRODUCED AT ACT COMPUTER SERVICE LTD.

Series A projections, June 1984.

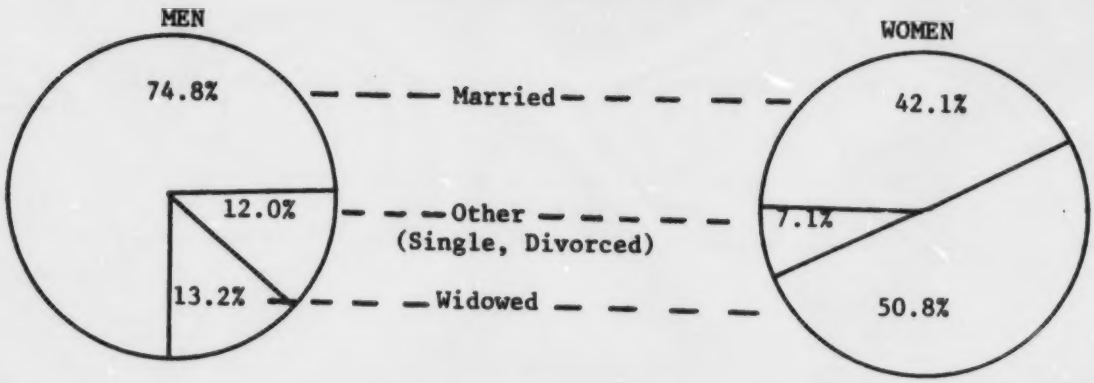
GRAPH 2 LIVING ARRANGEMENTS OF PERSONS 65 AND OVER (1976), ALBERTA

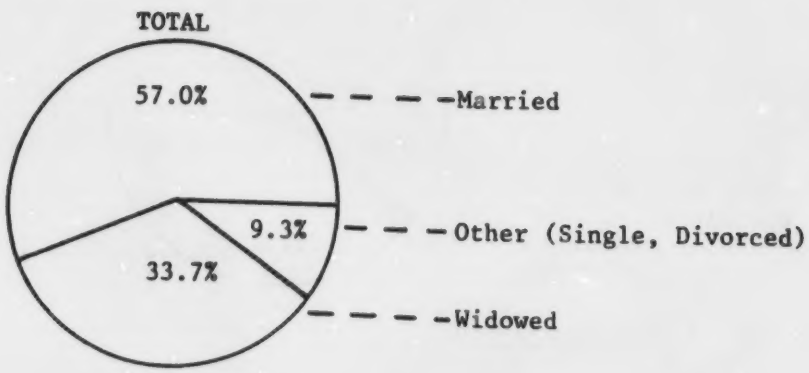




Source: Statistics Canada, Census of Canada, 1976.

GRAPH 3 MARITAL STATUS OF PERSONS 65 AND OVER (1981), ALBERTA

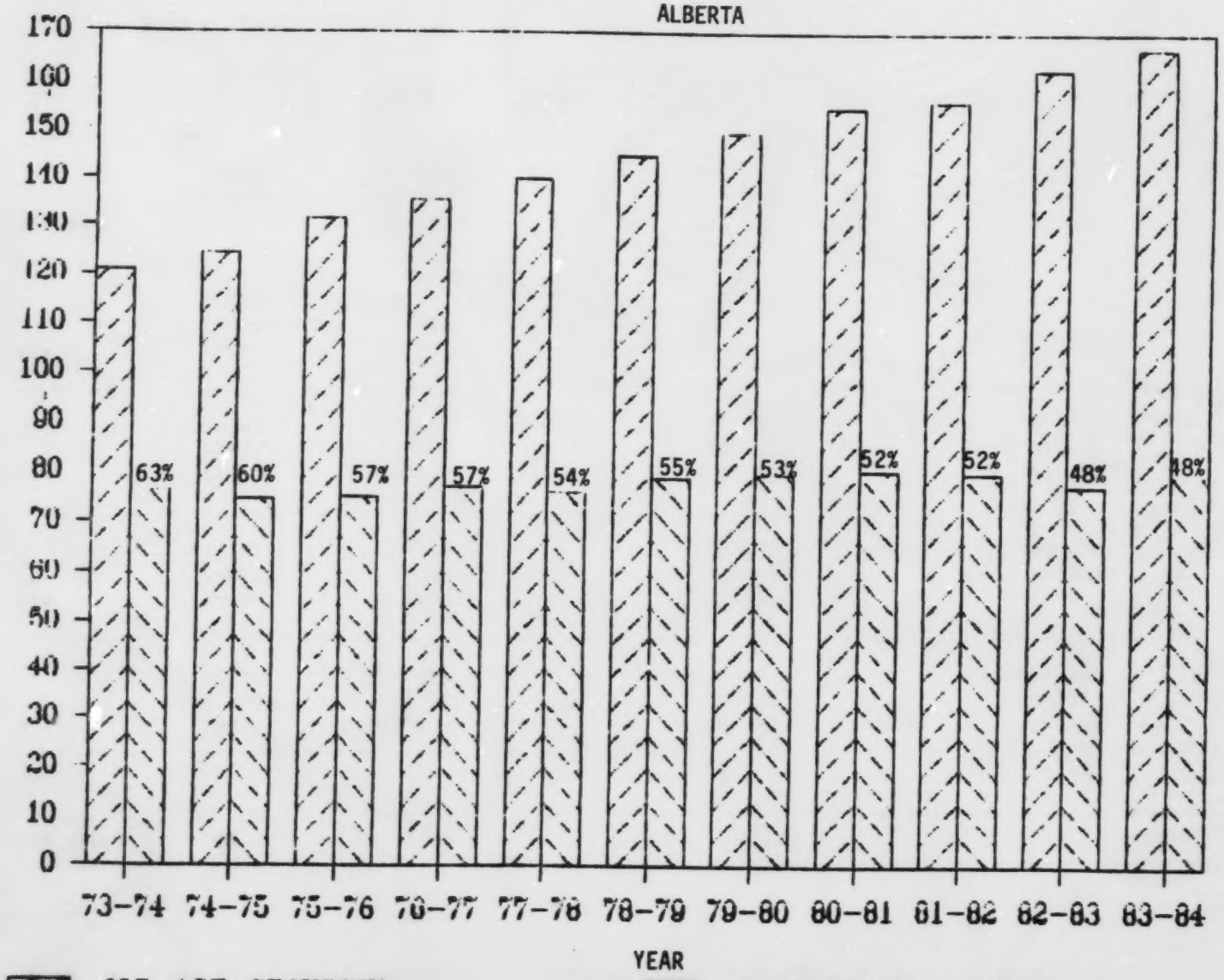




Source: Statistics Canada, Census of Canada, 1981.

GRAPH 4

GUARANTEED INCOME SUPPLEMENT RECIPIENTS AS PERCENTAGE OF ALL OLD AGE SECURITY RECIPIENTS, 1973/74 - 1983/84



Source: Health and Welfare Canada.

TABLE I DISTRIBUTION OF POPULATION BY AGE GROUP AND SEX, ALBERTA, 1961, 1971 AND 1981

AGE GROUP	SEX	1961		1971		1981	
		#	%	#	%	#	%
0 - 64	Male	638,533		768,310		1,068,985	
	Female	600,333		740,830		1,005,355	
	TOTAL	1,238,866	93.0	1,509,140	92.7	2,074,340	92.7
65+	Male	50,850		59,475		74,235	
	Female	42,228		59,260		89,155	
	TOTAL	93,078	7.0	118,735	7.3	163,390	7.3
75+	Male	18,271		22,595		27,185	
	Female	15,278		24,030		35,655	
	TOTAL	33,549	2.5	46,625	2.9	62,840	2.8
85+	Male	2,452		4,815		5,515	
	Female	2,359		5,450		8,665	
	TOTAL	4,811	0.4	10,265	0.6	14,180	0.6
All Ages	Male	689,383		827,785		1,143,220	
	Female	642,561		800,090		1,094,505	
	TOTAL	1,331,944	100.0	1,627,875	100.0	2,237,725	100.0

Source: 1961 and 1971 - Statistics Canada, Population, 1971 Census of Canada, Cat. No. 92-715, Vol: I - Part:2 (Bulletin 1.2-3) April 1973, Table 7.

1981 - Census Canada.

TABLE 2 POPULATION PROJECTIONS, AGE 65+ AND AGE 85+ BY SEX, ALBERTA, 1986-2006

	65+			85+		
	Male	Female	Total	Male	Female	Total
1986	82,700	103,900	186,600	5,400	10,000	15,400
1991	94,100	122,200	216,300	6,400	12,200	18,600
1996	107,700	139,100	246,800	7,000	15,000	22,000
2001	119,800	153,600	273,400	7,900	18,300	26,200
2006	131,300	168,600	299,900	8,900	21,000	29,900

Source: Alberta Bureau of Statistics, Alberta Population Projections Update, 1984-2011, May 1984, Series A projections.

TABLE 3a INTERNATIONAL MIGRATION (ALBERTA)

Year	Immigration (60 Years+) M	F	Both	Emigration (60 Years +) M	F	Both	Net Migration (60 Years +) M	F	Both
1981-82	538	655	1,193	81	89	170	457	566	1,023
1980-81	497	603	1,100	81	90	171	416	513	929
1978-80	367	471	838	81	90	171	286	381	667

TABLE 3b INTERPROVINCIAL MIGRATION (ALBERTA)

Year	In-Migration (60 Years+) M	F	Both	Out-Migration (60 Years +) M	F	Both	Total (60 Years +) M	F	Both
1981-82	2,035	2,512	4,547	2,032	2,080	4,122	3	432	435
1980-81	2,145	2,605	4,750	2,019	2,066	4,085	126	539	665
1978-80	1,917	2,340	4,257	1,845	1,890	3,735	72	450	522

TABLE 3c NET INTERNATIONAL & INTERPROVINCIAL MIGRATION (ALBERTA)

Year	In-Migration (60 Years+) M	F	Both	Out-Migration (60 Years +) M	F	Both	Total (60 Years +) M	F	Both
1981-82	2,573	3,167	5,740	2,113	2,169	4,282	460	998	1,458
1980-81	2,742	3,208	5,850	2,100	2,156	4,256	542	1,052	1,594
1978-80	2,284	2,811	5,095	1,926	1,980	3,906	358	831	1,189

Sources:

1981-82: International and Interprovincial Migration in Canada, 1981-82, Preliminary Data Statistics Canada, Cat. no. 91-208, unpublished.

1980-81: International and Interprovincial Migration in Canada, 1980-81, Statistics Canada, Cat. no. 91-208, November, 1982.

1979-80: International and Interprovincial Migration in Canada, 1979-80, Statistics Canada, Cat. no. 91-208, January,

TABLE 4 AGE-SEX DISTRIBUTION, TOTAL POPULATION, ALBERTA, 1981

AGE GROUPS	MALE	FEMALE	TOTAL
<5	96,680	91,285	187,965
5-9	89,300	84,850	174,150
10-14	92,125	87,430	179,555
15-19	109,705	104,725	214,430
20-24	137,025	127,305	264,330
25-29	126,145	113,655	239,800
30-34	101,540	94,210	195,750
35-39	74,600	69,500	144,100
40-44	59,585	55,635	115,220
45-49	55,130	50,450	105,580
50-54	50,950	47,190	98,140
55-59	42,365	43,450	85,815
60-64	33,825	35,670	69,495
65-69	27,005	30,420	57,425
70-74	20,050	23,075	43,125
75-79	14,200	16,545	30,745
80-84	7,475	10,445	17,920
85+	5,515	8,665	14,180
TOTAL	1,143,220	1,094,505	2,237,725

Source: Census of Canada, 1981.

TABLE 5a DISTRIBUTION OF PERSONS 65+ YEARS BY LIVING ARRANGEMENTS, ALBERTA, 1971 AND 1976

LIVING ARRANGEMENTS	SEX	1971		1976	
		#	%	#	%
Living with Spouse and/or Unmarried Children	Male	33,855		39,505	
	Female	19,810		24,525	
	TOTAL	53,665	45.7	64,030	46.9
Living Alone	Male	9,610		9,415	
	Female	16,265		22,420	
	TOTAL	25,875	22.1	31,835	23.0
Living with Other Family	Male	8,675		8,615	
	Female	13,560		13,680	
	TOTAL	22,235	18.9	22,295	16.3
Collective Dwellings	Male	6,785		7,465	
	Female	8,785		10,825	
	TOTAL	15,570	13.3	18,290	13.4

Source: Engelmann, M., and C. Stevenson. Profile of Older Persons in Alberta: Demographic Characteristics and Service Utilization, Staff Working Paper #1, Alberta Social Services and Community Health, 1980.

TABLE 5b DISTRIBUTION OF PERSONS 75+ YEARS BY LIVING ARRANGEMENTS, ALBERTA, 1971 AND 1976

LIVING ARRANGEMENTS	SEX	1971		1976	
		#	%	#	%
Living with Spouse and/or Unmarried Children	Male	10,170		11,295	
	Female	4,325		4,985	
	TOTAL	14,495	31.9	16,280	31.4
Living Alone	Male	3,965		3,810	
	Female	6,745		9,560	
	TOTAL	10,710	23.5	13,370	25.8
Living with Other Family	Male	3,710		3,260	
	Female	6,265		6,265	
	TOTAL	9,975	21.9	9,525	18.4
Collective Dwellings	Male	4,255		5,435	
	Female	6,045		7,205	
	TOTAL	10,300	22.6	12,640	24.4

Source: Engelmann, M., and C. Stevenson. Profile of Older Persons in Alberta: Demographic Characteristics and Service Utilization, Staff Working Paper #1, Alberta Social Services and Community Health, 1980.

TABLE 6 DISTRIBUTION OF POPULATION 65+ ACCORDING TO SEX AND MARITAL STATUS, ALBERTA, 1961, 1971 AND 1981

MARITAL STATUS	SEX	1961 #	1961 %	1971 #	1971 %	1981 #	1981 %
MARRIED*	Male	34,341	36.9	41,945	35.3	55,510	34.0
	Female	19,400	20.8	25,270	21.3	37,565	23.0
	Total	53,741	57.7	67,215	56.6	93,075	57.0
WIDOWED	Male	9,221	9.9	9,085	7.7	9,800	6.0
	Female	20,997	22.6	30,540	25.7	45,285	27.7
	Total	30,218	32.5	39,625	33.4	55,085	33.7
DIVORCED/SINGLE	Male	7,288	7.8	8,440	7.1	8,925	5.5
	Female	1,831	2.0	3,440	2.9	6,295	3.8
	Total	9,119	9.8	11,880	10.0	15,220	9.3
TOTAL	Male	50,850	54.6	59,480	50.1	74,235	45.4
	Female	42,228	45.4	59,255	49.9	89,155	54.6
	Total	93,078	100.0	118,735	100.0	163,390	100.0

* Includes separated.

Source: 1961 - Statistics Canada, Population, 1961 Census of Canada, Cat. No. 92-552, Table 78.
1971 - 3tatistics Canada, Population, 1971 Census of Canada, Cat. No. 92-730, Vol: I - Part:4, Bulletin 1.4 - 2, April 1973, Table 2.
1981 - Census of Canada.

TABLE 7a RURAL/URBAN DISTRIBUTION OF TOTAL POPULATION AND POPULATION 65+ AND 85+, ALBERTA, 1966

Rural/Urban Residence	Total Alberta Pop.	% of Total Pop.	Population 65+			Population 85+		
			#	%	As % of Total Pop.	#	%	As % of Total Pop.
1966								
Urban:								
100,000 - 499,999	711,369	48.6	41,538	42.78	5.84	3,151	45.49	0.44
30,000 - 99,999	37,186	2.5	3,513	3.62	9.45	253	3.65	0.68
10,000 - 29,999	63,162	4.3	4,745	4.89	7.51	368	5.31	0.58
5,000 - 9,999	40,129	2.7	2,631	2.71	6.56	340	4.91	0.85
2,500 - 4,999	94,068	6.4	8,602	8.86	9.14	753	10.87	0.80
1,000 - 2,499	61,493	4.2	5,388	5.55	8.76	391	5.65	0.64
Total	1,007,407	68.8	66,417	68.41	6.59	5,256	75.88	0.52
Rural:								
Non-farm	178,198	12.2	16,275	16.77	9.13	1,043	15.06	0.59
Farm	277,598	19.0	14,391	14.82	5.18	628	9.06	0.23
Total	455,796	31.2	30,666	31.59	6.73	1,671	24.12	0.37
ALBERTA TOTAL	1,463,203	100.0	97,083	100.0	6.63	6,927	100.0	0.47

Source: Census of Canada, 1966.

TABLE 7b RURAL/URBAN DISTRIBUTION OF TOTAL POPULATION AND POPULATION 65+ AND 75+, ALBERTA, 1976

Rural/Urban Residence	Total Alberta Pop.	% of Total Pop.	Population 65+			Population 75+		
			#	%	As % of Total Pop.	#	%	As % of Total Pop.
1976								
Urban:								
500,000 + Over	513,405	27.9	30,715	24.49	5.98	12,890	24.59	2.51
100,000 - 499,999	469,075	25.5	27,375	21.83	5.84	11,985	22.87	2.56
30,000 - 99,999	114,755	6.2	10,550	8.41	9.19	4,555	8.69	3.97
10,000 - 29,999	48,975	2.7	3,085	2.46	6.30	1,645	3.14	3.36
5,000 - 9,999	63,275	3.4	4,055	3.24	6.41	1,770	3.38	2.80
2,500 - 4,999	103,885	5.7	11,400	9.06	10.97	5,365	10.24	5.16
1,000 - 2,499	65,800	3.6	6,810	5.43	10.35	3,115	5.94	4.73
Total	1,379,165	75.0	93,990	74.95	6.81	41,325	78.85	3.00
Rural:								
Non-farm	269,225	14.6	22,825	18.20	8.43	8,650	16.50	3.21
Farm	189,645	10.3	8,590	6.85	4.53	2,435	4.65	1.28
Total	458,870	25.0	31,415	25.05	6.85	11,085	21.15	2.42
ALBERTA TOTAL	1,838,035	100.0	125,405	100.0	6.82	52,410	100.0	2.85

Source: Census of Canada, 1976.

TABLE 7c RURAL/URBAN DISTRIBUTION OF TOTAL POPULATION AND POPULATION 65+ and 75+, ALBERTA, 1981

Rural/Urban Residence	Total Alberta Pop.	% of Total Pop.	Population 65+			Population 75+		
			#	%	As % of Total Pop.	#	%	As % of Total Pop.
1981								
Urban:								
500,000 + Over	1,188,300	53.1	76,730	46.96	6.46	29,480	46.90	2.48
30,000 - 99,999	175,725	7.9	14,735	9.01	8.39	5,730	9.12	3.26
10,000 - 29,999	80,680	3.6	5,675	3.47	7.03	2,535	4.03	3.14
5,000 - 9,999	104,400	4.7	9,200	5.63	8.81	3,945	6.28	3.78
2,500 - 4,999	119,375	5.3	12,495	7.65	10.47	5,455	8.68	4.57
1,000 - 2,499	59,065	2.6	7,215	4.42	12.22	3,190	5.07	5.40
Total	1,727,545	77.2	126,050	77.14	7.30	50,335	80.07	2.91
Rural:								
Non-farm	319,425	14.3	28,460	17.42	8.91	10,395	16.54	3.25
Farm	190,755	8.5	8,900	5.45	4.67	2,130	3.39	1.12
Total	510,180	22.8	37,360	22.86	7.32	12,525	19.93	2.46
ALBERTA TOTAL	2,237,725	100.0	163,410	100.0	7.30	62,860	100.0	2.81

Source: Census of Canada, 1981, Cat. no. 92-901.

TABLE 8 DISTRIBUTION OF TOTAL POPULATION AND POPULATION 65+, 1976 AND 1981; POPULATION 75+, 1981

Health Unit	1976 Total Population	1976 #65+	1976 %65+	1981 Total Population	1981 #65+	1981 %65+	1981 75+	1981 % of 65 and Over
Alberta East Central	48,505	4,745	12	53,400	6,940	13	2,720	39
Athabasca	24,550	1,970	8	27,895	2,150	8	835	39
Banff	3,840	265	7	4,625	270	6	95	35
Barons-Eureka-Warner	28,095	2,270	8	38,470	3,380	9	1,300	38
Big Country	12,110	1,200	10	12,125	1,240	10	515	42
Calgary	469,895	30,425	7	592,750	36,365	6	14,070	39
Chief Mountain	12,900	1,310	10		1,241	10	106	9
Chinook	25,430	2,750	11	40,480	4,480	11	1,795	40
*County of Warner	8,080	825	10					
Drumheller	29,235	2,940	10	32,145	3,270	10	1,220	37
Edmonton	461,885	32,940	7	532,240	38,885	7	14,825	38
Edson (1981 Alberta West Central)	30,855	1,625	5	37,855	1,795	5	670	37
Foothills	25,825	2,535	10	31,285	3,030	10	1,140	38
Grande Prairie	43,995	2,980	7	56,785	3,330	6	1,355	41
High Level-Ft. Vermilion	9,585	290	3	11,655	380	3	125	33
Jasper	3,590	170	5	3,425	190	6	75	39
Leduc-Strathcona	76,345	3,130	4	98,810	4,205	4	1,545	37
Lethbridge	46,755	5,385	12	54,075	6,565	12	2,675	41
Fort McMurray	17,540	275	2	33,110	315	1	95	30
Medicine Hat	65,605	5,470	8	72,950	845	9	2,485	36
Minburn-Vermilion	31,090	3,560	12	35,385	3,810	11	1,520	40
Mount View	42,215	3,115	7	59,710	3,965	7	1,385	35
Northeastern Alberta	38,995	3,025	8	42,995	3,510	8	1,430	41
Peace River	35,100	2,780	8	39,400	2,965	8	1,215	41
Red Deer	80,735	6,915	9	106,960	8,315	8	3,105	37
Stony Plain-Lac St. Anne	43,065	2,600	6	61,475	3,125	5	1,070	34
Sturgeon	69,765	4,400	6	89,705	5,460	6	2,175	40
Vegreville	25,365	3,840	15	29,045	4,460	15	1,800	40
Wetoka	30,640	3,515	12	37,815	4,120	11	1,590	39

* Incorporated into Barons-Eureka Health Unit after 1976.

Source: Census of Canada, 1976 and 1981.

TABLE 9 DISTRIBUTION OF PERSONS 45+ YEARS IN LABOR FORCE BY AGE GROUP AND SEX, ALBERTA, 1951, 1961,1971 AND 1982

AGE GROUP	SEX	1951		1961		1971		1982	
		#	%	#	%	#	%	#	%
45 - 54	Male	49,201	95	63,071	94	76,315	93	100,000	97
	Female	6,448	16	22,690	37	41,730	52	57,000	59
55 - 64	Male	35,643	86	40,389	84	49,635	84	64,000	82
	Female	3,542	12	10,037	25	22,660	39	32,000	39
65+	Male	15,162	39	15,161	30	15,385	26	10,000	14
	Female	1,202	04	2,185	05	4,715	8	< 1,000	-

Source: 1951 and 1961 - Statistics Canada, Occasional Selected Statistics on Older Population, Cat. No. 91-507, February 1964, Table 8; and Population, 1971, Cat. No. 92-715, Vol: I - Part: 2 (Bulletin 1.2-3), April 1973, Table 7.

1971 - Statistics Canada, Labor Force and Individual Income, Cat. No. 94 - 702, Vol: III - Part: 1 (Bulletin 3.1-2), November 1974, Table 2.

1982 - Statistics Canada, The Labour Force, Cat. No. 71-001, Monthly, June 1982, Table 13.

TABLE 10 NUMBER OF DEATHS AND DEATH RATES PER 1,000 POPULATION, UNDER AGE 65 AND AGE 65+, BY LEADING CAUSES OF DEATH*, ALBERTA RESIDENTS, 1977-1981

Cause of Death	1977		1978		1979		1980**		1981**	
	<65	65+	<65	65+	<65	65+	<65	65+	<65	65+
Malignant Neoplasms	863 0.49	1402 9.91	973 0.54	1433 9.85	980 0.52	1561 10.41	1054 0.54	1533 9.92	995 0.50	1643 10.32
Ischaemic Disease	706 0.40	2323 16.41	729 0.40	2362 16.23	553 0.29	1437 9.59	570 0.29	1439 9.31	501 0.25	1289 8.09
Cerebrovascular Disease	153 0.09	855 6.04	151 0.08	868 5.9	133 0.07	865 5.77	136 0.07	905 5.86	119 0.06	900 5.65
Other Diseases of Circulatory System	215 0.12	850 6.01	216 0.12	827 5.68	28 0.01	332 2.21	35 0.02	349 2.26	25 0.01	351 2.21
Diseases of Respiratory System	160 0.09	667 4.71	153 0.08	630 4.33	120 0.06	532 3.55	155 0.08	571 3.70	131 0.07	598 3.76
Motor Vehicle and Other Transportation	552 0.31	56 0.40	465 0.26	41 0.28	570 0.30	66 0.44	543 0.28	55 0.36	529 0.26	57 0.36
Suicide	305 0.17	31 0.22	287 0.16	30 0.21	285 0.15	21 0.14	342 0.18	39 0.25	292 0.15	36 0.23
Cirrhosis of Liver	135 0.08	58 0.41	141 0.08	58 0.40	160 0.09	57 0.38	165 0.09	62 0.40	184 0.09	47 0.30
Diabetes Mellitus	45 0.03	191 1.35	42 0.02	153 1.05	36 0.02	155 1.03	37 0.02	164 1.06	41 0.02	161 1.01
TOTAL DEATHS	4282 2.43	7144 50.48	4404 2.42	7195 49.43	4436 2.36	7364 49.12	4772 2.46	7596 49.17	4415 2.20	7801 48.99

* Cause of death codes changed between 1978 & 1979. Although the categories have been matched as closely as possible, differences in numbers may occur.

** Preliminary figures.

Source: Alberta Social Services and Community Health, Planning Secretariat, Mortality Files, unpublished, Causes of Death.

TABLE 11a SENIOR CITIZENS BUREAU, ALBERTA: SOURCE AND SUBJECT OF INFORMATION REQUESTS, 1980, 1981, 1982, 1983

	1980	1981	1982	1983*
Source of Information Requests:				
Senior Citizens	45%	39%	52%	46.5%
Agencies (Government Departments, Community Agencies)	30%	27%	19%	17.6%
Family, Friends, General Public	25%	17%	14%	17.4%
Other		17%	15%	18.2%
Subject of Information Requests:				
General Information (benefits, statistical information, resource information)	40%	43%	56%	41.2%
Housing	30%	19%	13%	18.9%
Finances	20%	21%	15%	17.5%
Other	10%	11%	11%	13.9%
Health		6%	5%	8.5%

* The 1983 statistics do not include the responses to the special advertising that year of the booklet.

Source: Senior Citizens Bureau, Summary of Activities, 1980/81, 1981/82, 1982/83, 1983/84, Alberta Social Services and Community Health.

TABLE 11b SENIOR CITIZENS BUREAU, ALBERTA: DISTRIBUTION OF GRANTS, 1979/80, 1980/81, 1981/82, 1982/83, 1983/84

	1979/80	1980/81	1981/82*	1982/83	1983/84
Workshops	18	10	14	15	8
Individual Grants	17	19	13	16	19
Grant to the Canadian Association on Gerontology	1	1	1	1	1
Special Project Grants	10	9	8	13	13

* Includes the grant for the Symposium on Aging held in June 1982.

Source: Senior Citizens Bureau, Summary of Activities, 1979/80, 1980/81, 1981/82, 1982/83, 1983/84, Alberta Social Services and Community Health.

TABLE 12 TOTAL POPULATION 65+, NUMBERS RECEIVING OLD AGE SECURITY(OAS), GUARANTEED INCOME SUPPLEMENT (GIS) AND PERCENTAGE OF OLD AGE SECURITY RECIPIENTS RECEIVING THE GUARANTEED INCOME SUPPLEMENT, ALBERTA, 1973 to 1983

YEAR*	POPULATION 65++	NUMBER OF SENIORS‡ RECEIVING OAS	NUMBER RECEIVING‡ GIS	GIS/OAS %
				computed
1973 - 74	125,300	121,250	75,985	62.7
1974 - 75	128,700	124,750	74,625	59.8
1975 - 76	132,900	131,490	74,951	57.0
1976 - 77	138,000	135,355	77,196	57.0
1977 - 78	142,862	139,996	76,029	54.3
1978 - 79	147,800	144,499	79,202	54.8
1979 - 80	153,300	149,539	79,890	53.4
1980 - 81	159,800	154,921	81,068	52.3
1981 - 82	163,390	156,089	80,515	51.6
1982 - 83	167,800	162,513	77,735	47.8
December 1983		166,951**	80,067**	47.9

* Population given is for the previous calendar year.

** As of December, 1983; Information Services Unit, Systems Division, Information Systems Directorate, Policy, Planning and Information Branch, Health and Welfare Canada.

+ Source: Alberta Bureau of Statistics, Population Projections Alberta, 1977 - 2001, February 1979.

‡ Source: Health and Welfare, Canada, ANSIRR DATA SET M0021 and monthly statistics, income security programs, Old Age Security, Table 3, page 28.

TABLE 13 ALBERTA RESIDENTS RECEIVING OLD AGE SECURITY, PARTIAL OR FULL GUARANTEED INCOME SUPPLEMENT AND FULL INCOME SUPPLEMENT, 1975-1983

	OAS Total	PARTIAL OR FULL INCOME SUPPLEMENT		FULL INCOME SUPPLEMENT	
	#	#	%	#	%
August 1975	130,868	74,864	57.2	29,810	22.8
December 1977	141,115	79,551	56.4	27,571	19.5
December 1978	145,709	79,514	54.6	26,043	17.9
December 1980	155,923	82,980	53.3	23,028	14.8
December 1983	166,951	80,067	47.9	18,330	11.0

Source: Health and Welfare Canada.

TABLE 14 INCOME SECURITY PROGRAM STATISTICS BY MARITAL/LIVING STATUS AND AMOUNT RECEIVED APRIL 1984 AS COMPARED TO (DECEMBER 1980)

Marital/Living Status	Full Supplement*				Partial Supplement**				Total			
	#		%		#		%		#		%	
Single/Alone	11682	(15476)	68.7	(67.2)	30959	(29041)	51.8	(48.4)	42641	(44517)	55.5	(53.6)
Married, Two Pensioners	2522	(3963)	14.8	(17.2)	24230	(26007)	40.5	(43.4)	26752	(29970)	34.8	(36.1)
Married, One Pension Only	756	(1165)	4.5	(5.1)	1842	(2053)	3.1	(3.4)	2598	(3218)	3.4	(3.9)
Married, One Pension & Spouse's Allowance	1977	(2424)	11.6	(10.5)	2545	(2851)	4.2	(4.8)	4522	(5275)	5.9	(6.4)
Widow/Widower	68	(-)	0.4	(-)	226	(-)	0.4	(-)	294	(-)	0.4	(-)
TOTAL	17005	(23028)	100.0	(100.0)	59802	(59952)	100.0	(100.0)	76807	(82980)	100.0	(100.0)

* Full Supplement in April, 1984 was $267.33 G.I.S. and $95.00 A.A.I.P. per month for single persons, and $206.18 G.I.S. and $95.00 per month for married persons. Basic O.A.S. was $266.28 per person per month (this amount is adjusted quarterly).

**Partial Supplement is granted according to income other than O.A.S., G.I.S. and A.A.I.P., in April 1984 not being more than: single person - $6,432 per year; 2 pensions - $9,936 per year; married, 1 pension only - $16,059 per year; 1 pension and spouse's allowance - $14,208 per year; Widow/Widower - $9,240 per year. Assets are not included in this assessment.

Source: Alberta Social Services and Community Health.

TABLE 15 DISTRIBUTION OF OLD AGE SECURITY AND GUARANTEED INCOME SUPPLEMENT RECIPIENTS BY AGE AND SEX, ALBERTA, DECEMBER 1983

	Old Age Security Only				Old Age Security and Guaranteed Income Supplement					
Age	Male	Female	Total	% for Each Age Group	Male	Female	Total	% for Each Age Group	O.A.S. Recipients Total	G.I.S. % of O.A.S. for Each Age Group
65 - 69	18,611	19,004	37,615	43	8,336	11,294	19,630	25	57,245	34
70 - 79	18,706	19,556	38,262	44	15,801	22,201	38,002	47	76,264	50
80+	4,538	6,469	11,007	13	8,554	13,881	22,435	28	33,442	67
TOTAL	41,855	45,029	86,884	100	32,691	47,376	80,067	100	166,951	

Source: Information Services Unit, Systems Division, Information Systems Directorate, Policy, Planning and Information Branch, Health and Welfare Canada.

TABLE 16 DISTRIBUTION OF OLD AGE SECURITY RECIPIENTS IN NEED OF MAXIMUM SUPPLEMENTS BY AGE AND SEX, ALBERTA, DECEMBER 1983

Age	Male	Female	Total	% for Each Age Group
65 - 69	2,029	2,105	4,134	23
70 - 79	2,908	4,659	7,567	41
80+	2,027	4,602	6,629	36
Total	6,964	11,366	18,330	100

Source: Information Services Unit, Systems Division, Information Systems Directorate, Policy, Planning and Information Branch, Health and Welfare Canada, December 1983.

TABLE 17 DISTRIBUTION OF GUARANTEED INCOME SUPPLEMENT RECIPIENTS BY INCOME CLASS AND MARITAL STATUS, ALBERTA, JUNE 1983

Annual Income Class	Single		Married	
	#	%	#	%
$ 0 - 249.99	15,360	36.10	9,951	29.15
$ 250.00 - 999.99	7,058	16.59	4,993	14.63
$ 1,000.00 - 1,999.99	7,198	16.92	4,949	14.50
$ 2,000.00 - 2,999.99	5,141	12.08	3,965	11.61
$ 3,000.00 - 3,999.99	3,497	8.22	3,131	9.17
$ 4,000.00 - 4,999.99	2,465	5.79	2,048	6.00
$ 5,000.00 - 5,999.99	1,666	3.91	1,550	4.54
$ 6,000.00 - 6,999.99	167	0.39	1,186	3.47
$ 7,000.00 - 9,999.99			1,772	5.19
$10,000.00 - 14,999.99			587	1.72
$15,000.00+			7	0.02
Total	42,552	100.00	34,139	100.00

Source: Information Services Unit, Systems Division, Information Systems Policy, Planning and Directorate, Information Branch, Health and Welfare Canada, June 1983.

TABLE 18 PROGRAM EXPENDITURES, OLD AGE SECURITY, GUARANTEED INCOME SUPPLEMENT, ALBERTA ASSURED INCOME PLAN, ALBERTA, 1978/79-1984

	1978/79	1979/80
Old Age Security Payments Including Guaranteed Income Supplement and Spouse's Allowance	375,792,751	429,944,077
Alberta Assured Income Plan	33,000,000	32,000,000

	1980/81	1981/82	1982/83	1983/84
Old Age Security Payments Including Guaranteed Income Supplement and Spouse's Allowance	502,279,911	578,441,006	647,655,895	
Alberta Assured Income Plan	48,934,522	60,803,385	64,523,527	61,449,815

Sources: Health and Welfare Canada; Alberta Social Services and Community Health.

TABLE 19 SOCIAL ALLOWANCE RECIPIENTS* BY AGE AND SEX, IN ALBERTA, DECEMBER 1983 AS COMPARED TO DECEMBER 1980

AGE OF RECIPIENTS	MALE				FEMALE				TOTAL			
	Number		Percentage		Number		Percentage		Number		Percentage	
	1983	1980	1983	1980	1983	1980	1983	1980	1983	1980	1983	1980
Under 60	44,463	(26,628)	96.6	(94.6)	61,567	(41,146)	96.5	(93.8)	106,030	(67,774)	96.5	(93.8)
60-64	997	(893)	2.2	(3.2)	1,443	(1,554)	2.3	(3.5)	2,440	(2,447)	2.2	(3.4)
65-69	280	(266)	0.6	(1.0)	344	(344)	0.5	(0.8)	624	(610)	0.6	(0.8)
70-74	144	(168)	0.3	(0.6)	218	(355)	0.3	(0.8)	362	(523)	0.3	(0.7)
75-79	93	(86)	0.2	(0.3)	110	(187)	0.2	(0.4)	203	(273)	0.2	(0.7)
80-84	34	(24)	0.1	(0.1)	59	(115)	0.1	(0.3)	93	(139)	0.1	(0.3)
85+	13	(71)	0.0	(0.3)	51	(188)	0.1	(0.4)	64	(259)	0.1	(0.4)
TOTAL RECIPIENTS	46,024	(28,136)	100.0	(100.0)	63,792	(43,889)	100.0	(100.0)	109,816	(72,025)	100.0	(100.0)
TOTAL 60+	1,561	(1,508)	3.4	(5.4)	2,225	(2,743)	3.2	(6.3)	3,786	(4,251)	3.5	(5.9)
TOTAL 65+	564	(615)	1.2	(2.2)	782	(1,189)	1.1	(2.7)	1,346	(1,804)	1.2	(2.5)

* Includes AISH.

Source: Social Allowance Statistics, Alberta Social Services and Community Health.

TABLE 20a ASSURED INCOME FOR THE SEVERELY HANDICAPPED,* APPLICANTS BY AGE AND SEX, IN ALBERTA, DECEMBER, 1980

Age of Applicant	Male		Female		Total
	#	%	#	%	#
Under 60	2,260	80.8	2,076	78.7	4,336
60 - 64	460	16.5	468	17.7	928
65 - 69	20	0.7	20	0.8	40
70 - 74	5	0.2	13	0.5	18
75 - 79	-	-	7	0.3	7
80 - 84	-	-	3	0.1	3
85 +	52	1.9	51	1.9	103
TOTAL 60 +	537	19.2	562	21.3	1,099
TOTAL 65 +	77	2.8	94	3.6	171
TOTAL APPLICANTS	2,797	100.0	2,638	100.0	5,435

* Includes Regular and Modified A.I.S.H. benefits.

Source: Social Allowance Statistics, Alberta Social Services and Community Health.

TABLE 20b ASSURED INCOME FOR THE SEVERELY HANDICAPPED, APPLICANTS BY AGE AND SEX, IN ALBERTA, MARCH, 1984

Age of Applicant	Male		Female		Total
	#	%	#	%	#
Under 60	3,802	81.1	3,297	74.7	7,099
60 - 64	756	16.1	944	21.4	1,700
65 - 69	39	0.8	57	1.3	96
70 - 74	22	0.5	33	0.8	55
75 - 79	7	0.2	13	0.3	20
80 - 84	5	0.1	6	0.1	11
85+	58	1.2	62	1.4	120
TOTAL 60+	887	18.9	1,115	25.3	2002
TOTAL 65+	131	2.8	171	3.9	302
TOTAL APPLICANTS	4,689	100.0	4,412	100.0	9,101

Source: Social Allowance Statistics, Alberta Social Services and Community Health.

TABLE 21 UTILIZATION OF MEDICAL SERVICES* BY PERSONS 65+ AND ALL AGES ACCORDING TO TYPE OF SERVICE AND SEX, ALBERTA, YEARS ENDING 1980/81/82

TYPE OF SERVICE	SEX	SERVICES/1,000 INSURED PERSONS					
		65+			ALL AGES		
		1980	1981	1982	1980	1981	1982
Consultations	Male	467	498	521	181	187	194
	Female	399	429	447	239	250	259
Office Visits	Male	4,344	4,611	4,586	2,556	2,625	2,593
	Female	4,591	4,862	4,845	3,795	3,942	3,926
Hospital Visits	Male	4,497	4,334	4,157	749	682	645
	Female	4,047	4,002	3,822	785	730	709
House Visits	Male	552	573	546	138	136	130
	Female	773	810	786	161	163	156
Major Surgery	Male	138	137	141	60	59	57
	Female	105	107	107	70	68	66
Minor Surgery	Male	84	98	93	108	113	112
	Female	75	87	82	82	88	91
Surgical Assists	Male	84	82	85	21	23	22
	Female	62	65	61	34	35	33
Obstetrical Services	Male	-	-	-	-	-	-
	Female	-	-	-	45	45	45
Anaesthesia	Male	317	328	330	121	121	119
	Female	217	224	223	166	168	167
Radiology Services	Male	433	439	417	276	267	253
	Female	494	512	482	316	308	290
Pathology Services	Male	2,805	3,144	3,301	1,293	1,341	1,375
	Female	3,733	4,102	4,271	3,024	3,188	3,327
Other Diagnostic & Therapeutic Services	Male	817	886	926	514	526	528
	Female	753	812	813	670	695	708
TOTAL	Male	14,538	15,130	15,103	6,017	6,080	6,028
	Female	15,249	16,012	15,939	9,387	9,680	9,777

*Included are medical services provided in and outside Alberta on a fee-for-service basis.

Source: Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Reports for the Years ended March 31, 1980, 1981, 1982 .

TABLE 22 UTILIZATION OF PHYSICIANS' SERVICES: NUMBER COVERED BY INSURANCE, NUMBER OF SERVICES/ 1,000 AGE GROUP AND TOTAL NUMBER OF SERVICES/AGE GROUP, ALBERTA, 1973/74, 1976/77, 1979/80 AND 1980/81

YEAR	AGE GROUPS	NUMBER PERSONS COVERED BY INSURANCE	NUMBER SERVICES/1,000	TOTAL NUMBER SERVICES/AGE GROUP
1973/74	65+	132,803	13,216	1,755,124
	All Ages	1,798,020	6,807	12,239,122
1976/77	65+	146,557	14,408	2,111,593
	All Ages	1,966,128	7,326	14,623,634
1979/80	65+	159,891	14,922	2,385,984
	All Ages	2,186,456	7,670	16,770,118
1980/81	65+	166,141	15,609	2,593,296
	All Ages	2,306,428	7,839	18,080,441

Notes: A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal Penitentiaries.

Source: 1973/74 - Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Report for the Year Ended June 30, 1974, Table 4, p. 23 and Table 15, p. 33 and computed [(number services for males and number services for females) x 1000] - (number of that age group covered).

1976/77, 1979/80, 1980/81 - Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Reports for the Years Ended March 31, 1977, 1980, 1981.

TABLE 23 HEALTH EXPENDITURES, ALBERTA: PHYSICIANS' SERVICES, AMOUNTS PAID PER INSURED PERSON, BY AGE AND SEX, 1973/74-1981/82

AGE GROUP		1973/74[1]	1977/78[2]	1978/79[3]	1979/80[4]	1980/81[4]	1981/82[4]
0-14	M	$ 38.73	$ 60.00	$ 66.94	$75.24		
	F	36.02	55.04	61.35	69.41		
15-44	M	39.01	53.99	57.77	61.45		
	F	81.84	112.85	123.32	134.26		
45-64	M	68.85	95.60	104.66	114.06	131.06	153.61
	F	88.08	121.21	134.51	146.19	166.06	194.37
65+	M	105.87	156.41	172.68	194.32	227.48	270.00
	F	102.55	149.51	164.09	183.71	217.62	256.35

1 Source: Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Report for the Year Ended June 30, 1974, Table 15, p. 33.

2 Source: Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Report for the Year Ended March 31, 1978, Table 15, p. 33.

3 Source: Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Report for the Year Ended March 31, 1979, Table 15, p. 33.

4 Source: Alberta Hospitals and Medical Care, Health Care Insurance Plan, Annual Reports for the Years Ended March 31, 1980, 1981, 1982.

TABLE 24 NUMBER OF SEPARATIONS FROM PUBLIC AND FEDERAL GENERAL HOSPITALS BY AGE GROUP, ALBERTA, 1976, 1977, 1978, AND 1980/81

Age Groups	1976*	1977*	1978*	1980/81**
0 - 64	305,742	308,265	307,479	292,440
65+ (#)	62,603	63,449	65,248	66,053
(%)	17.0%	17.0%	17.5%	18.4%
65 - 74	32,263	32,471	33,034	32,046
75+	30,340	30,978	32,214	34,007
Total	368,345	371,714	372,727	358,493

A separation is a hospital discharge.

* Source: Alberta Hospitals and Medical Care Unpublished Morbidity Files, Calendar Year Health Statistics Parts I and II.

** Source: Alberta Hospitals and Medical Care, Systems and Data Processing; Professional Activity Survey (PAS) file based upon separation data (file not fully edited).

TABLE 25 TOTAL DAYS STAY* IN PUBLIC AND FEDERAL GENERAL HOSPITALS, AGE GROUPS 0-64, 65+, ALBERTA, 1976, 1977, 1978 AND 1980/81

Age Groups	1976	1977	1978	1980/81**
0 - 64	2,109,104	2,044,218	2,047,884	1,865,481
65+ (#)	1,038,132	1,039,529	1,077,087	1,079,189
(%)	33.0%	33.7%	34.5%	36.7%
Total	3,147,236	3,083,747	3,124,971	2,944,670

* Total days since admission for those separated in that year.

* Source: Alberta Hospitals and Medical Care, Unpublished Morbidity Files.

** Source: Alberta Hospitals and Medical Care, Systems and Data Processing; Professional Activity Survey (PAS) file based upon separation data (file not fully edited).

TABLE 26 UTILIZATION OF GENERAL HOSPITALS BY 65+ POPULATION: DISTRIBUTION OF SEPARATIONS AND PATIENT-DAYS IN RELATION TO UTILIZATION BY ALL AGES; AND AVERAGE LENGTH OF STAY (ALOS) FOR 65+ BY AGE GROUP AND SEX, ALBERTA, 1980/81

AGE GROUP	SEX	SEPARATIONS		PATIENT-DAYS		ALOS
		#	%	#	%	Days
65-74	Male	17,291	4.8	236,126	8.0	
	Female	14,755	4.1	201,704	6.9	
	Total	32,046	8.9	437,830	14.9	13.7
75-84	Male	12,175	3.4	217,362	7.4	
	Female	12,213	3.4	219,503	7.5	
	Total	24,388	6.8	436,865	14.9	17.9
85+	Male	4,521	1.3	96,112	3.3	
	Female	5,098	1.4	108,382	3.7	
	Total	9,619	2.7	204,494	7.0	21.3
65+	Male	33,987	9.5	549,600	18.7	
	Female	32,066	8.9	529,589	18.0	
	Total	66,053	18.4	1,079,189	36.7	16.2
Total All Ages	Male	147,699	41.2	1,213,204	41.2	
	Female	210,794	58.8	1,731,466	58.8	
	Total	358,493	100.0	2,944,670	100.0	8.2

Source: Alberta Hospitals and Medical Care, Systems and Data Processing; Professional Activity Survey (PAS) file based on separation data (file not fully edited). Patient-days as for Table 25.

TABLE 27 UTILIZATION OF GENERAL HOSPITALS: PATIENT-DAYS*, SEPARATIONS AND AVERAGE HOSPITAL STAY (ALOS) BY AGE GROUP, ALBERTA, 1972, 1976, 1980/81+

AGE GROUP	1972			1976			1980/81		
	Patient-Days/ 1,000 Population	Separations Per 1,000 Population	ALOS Days	Patient-Days/ 1,000 Population	Separations Per 1,000 Population	ALOS Days	Patient-Days/ 1,000 Population	Separations Per 1,000 Population	ALOS Days
65+	7,669	471	16.3	7,238	452	16.0	6,605‡	404‡	16.2
Total All Ages	2,027	224	9.0	1,692	201	8.4	1,316	160	8.2

*Patient Days - total days stay since admission for those separated in that year.

+Source: 1972 - Cornell, C. and Engelmann, M., 1974 (Data for Calendar Year).

1976 - Engelmann, M. et. al. 7-53, Quarterly Statistical Review, October-December, 1977 (Data for Calendar Year).

1980/81 - See Table 26 (Fiscal Year).

‡ Computed based upon Census data, total 65+ population, 163, 390.

TABLE 28 HOSPITAL PATIENT-DAYS BY DIAGNOSIS, ICDA - 8 CHAPTERS*
PUBLIC AND GENERAL HOSPITALS (TOTAL DAYS STAY OF SEPARATIONS FROM THE HOSPITALS), ALBERTA

	1976			1977			1978		
AGE GROUP	VII CIRCULATORY SYSTEM	XVII ACCIDENTAL	II NEOPLASMS	VII CIRCULATORY SYSTEM	XVII ACCIDENTAL	II NEOPLASMS	VII CIRCULATORY SYSTEM	XVII ACCIDENTAL	II NEOPLASMS
65+	302,591	109,634	110,782	296,863	120,900	112,076	304,747	119,103	110,625

* International Classification of Diseases Adapted.

Source: Unpublished Files, Professional Activities System, Alberta Hospitals and Medical Care.

TABLE 29a EXPENDITURES UNDER THE EXTENDED HEALTH BENEFITS PROGRAM, SOCIAL SERVICES AND COMMUNITY HEALTH, ALBERTA, 1978/79, 1979/80, 1980/81, 1981/82, 1982/83 AND CLIENTS, 1980/81, 1981/82, 1982/83

YEAR	EXPENDITURES	CLIENTS
1978/79	$2.7 million	----
1979/80	$4.5 million	----
1980/81	$8.0 million	36,453
1981/82	$10.4 million	37,866
1982/83	$16.5 million	40,400

Source: Aids to Daily Living Program, Alberta Social Services and Community Health, 1984.

TABLE 29b TOTAL FEE-FOR-SERVICE PAYMENTS AND NUMBER OF PATIENTS UNDER THE EXTENDED HEALTH BENEFITS PROGRAM FOR THE YEARS 1977, 1979, 1980, 1981 AND 1982, HOSPITALS AND MEDICAL CARE, ALBERTA

	1977		1979		1980		1981		1982	
	Payments	No. of Patients	Payments	No. of Patients	Payments	No. of Patients	Payments	No. of Patients	Payments	No. of Patients
Dentists	$ 5,870,558	36,690	$ 6,536,622	39,326	$ 7,299,459	40,840	$ 9,145,598	55,500	$10,389,072	46,543
Dental Mechanics	1,350,704	9,909	1,420,000	9,429	2,653,539	11,176	3,572,453	14,241	3,945,639	13,549
Optometrists	711,125	17,022	918,376	18,230	997,019	18,337	1,128,035	18,717	1,605,608	19,535
Ophthalmic Dispensers	516,697	11,701	746,834	14,054	854,710	14,825	968,525	15,454	1,385,519	16,509
Total	$ 8,449,084	65,211	$ 9,621,832	69,781	$11,804,727		$14,814,611	78,710	$17,325,838	82,087

Source: September 1, 1980 Medical Economics, Health Economics and Statistics, Alberta Hospitals and Medical Care; Alberta Hospitals and Medical Care, Health Care Insurance Plan Annual Reports for the Years Ended March 31, 1980, 1981, 1982; Health Care Insurance Commission Annual Report, Year Ended June 30, 1977.

TABLE 30a NEW HORIZON PROJECTS AND FUNDING IN ALBERTA, 1978/79-1980/81

	1978/79	1979/80	1980/81
1. Arts & Crafts & Indoor Recreation	51	39	41
2. Historical	26	45	37
3. Drop-In Centres	29	25	29
4. Cultural (Choirs, Orchestra, Dancing, Drama)	7	15	11
5. Outdoor Recreation, Sports, Parks	4	5	7
6. Other*	9	13	18
TOTAL	126	142	143
TOTAL FUNDING	$703,027	$774,183	$876,237

* Other includes: Outreach, Research and Development, Direct Service and Rehabilitation, Museum and Artifacts, Movie Making, Radio, Information and Referral. This region of New Horizions funds projects in Alberta, the Northwest Territories and the Yukon.

Source: New Horizons Program, Health and Welfare Canada.

TABLE 30b NEW HORIZONS PROJECTS AND FUNDING IN ALBERTA, 1981/82-1983/84

	1981/82	1982/83	1983/84
1. Arts & Crafts & Indoor Recreation	37	54	72
2. Historical	35	27	11
3. Drop-In Centres	23	23	19
4. Cultural (Choirs, Orchestra, Dancing, Drama)	14	10	8
5. Outdoor Recreation, Sports, Parks	12	3	5
6. Outreach/Direct Service	6	7	12
7. Other*	14	15	11
Total	141	139	138
Total Funding	$838,760	$865,659	$913,366

* Other includes: Research & Development, Museum and Artifacts, Movie Making, Radio, Information & Referral.

Source: New Horizons Program, Health and Welfare Canada.

TABLE 31 ALBERTA COUNCIL ON AGING MEMBERSHIP, 1979/80-1982/83

	1979/80	1980/81
Individual Membership	2,327	2,783
(includes Affiliate Members	-*	1,436
and Sustaining Members)	-*	39
Organizational Membership	299	299
Total	2,626	3,082
	1981/82	1982/83
Individual Members	1,289	1,385
Affiliate Members	3,367	2,668
Sustaining Members	126	189
Organizational Members	266	273
Life Members	4	5
Total	5,052	4,520

* The individual membership breakdown is not available for 1979/80.

Source: Alberta Council on Aging, Edmonton.

TABLE 32 FAMILY AND COMMUNITY SUPPORT SERVICES, DEPARTMENT OF SOCIAL SERVICES AND COMMUNITY HEALTH, OPERATING GRANTS FOR SENIOR CITIZENS CENTRES, ALBERTA, 1978/79-1980/81

	1978/79	1979/80	1980/81
Number of Centres Funded	34	30	34
Provincial Funds	$649,554	$664,012	$708,942

Source: Family and Community Support Services, Alberta Social Services and Community Health.

TABLE 33a GERIATRIC SURVEILLANCE, COMMUNITY HEALTH NURSING, NUMBER OF INDIVIDUAL COUNSELLING SESSIONS BY REASON FOR CONTACT AND AGE GROUP, ALBERTA, 1978-1980

Subject	65 - 74 Years of Age			75 + Years of Age		
	1978	1979	1980	1978	1979	1980
Chronic Disease	5,031	4,804	4,537	9,776	9,323	8,935
Follow-Up	1,380	2,239	2,625	2,279	3,491	4,525
Treatment	647	600	51	1,845	1,278	137
Home Care Assessment	1,200	458	101	1,792	934	213
General Health	887	597	2,308	1,497	937	2,977
Mental Health	757	473	446	772	319	347
Home Care Reassessment	578	232	41	1,042	543	137
Handicap	510	479	559	405	733	747
TB	476	423	622	332	273	391
Communicable Disease	595	408	388	-	189	211
Nutrition	-	386	231	332	267	250
Bereavement	-	-	331	-	-	369
Other	-	3,025	2,510	-	3,834	3,131
TOTAL	12,061	14,124	14,750	20,072	22,121	22,370

Source: From ACNARS - Alberta Computerized Nursing Activities Reporting System, information from 27 Local Health Authorities Nursing Programs, Alberta Social Services and Community Health.

TABLE 33b GERIATRIC SURVEILLANCE, COMMUNITY HEALTH NURSING, NUMBER OF INDIVIDUAL COUNSELLING SESSIONS BY REASON FOR CONTACT AND AGE GROUP, ALBERTA, 1981-1982

	65 - 74		75+	
	1982	1981	1982	1981
Chronic Disease	5,435	5,616	12,305	11,156
Well Adult/General Health	3,044	3,351	4,878	5,159
Acute Illness	660	636	1,073	895
Treatment	93	90	136	123
Mental Health	407	453	459	301
Mental Illness	269	241	192	203
Handicap	336	516	532	1,000
TB	436	711	520	548
Communicable Disease	317	375	185	184
Bereavement	333	413	317	390
Nutrition	198	207	164	192
AADL/EHB	726	484	1,044	601
Follow-up	1,980	2,980	4,209	5,039
Other	1,393	1,587	2,133	2,017
Total	15,627	17,665	28,147	27,808

Source: From ACNARS - Alberta Computerized Nursing Activities Reporting System, information from 27 Local Health Authorities Nursing Programs, Alberta Social Services and Community Health.

TABLE 34 NUMBER OF SCREENINGS AND HEALTH ASSESSMENTS BY AGE GROUP, ALBERTA, 1978-1982

	1978	1979	1980	1981	1982
65 - 74 Year Olds	17,088	12,307	17,808	24,972	24,658
75 +	38,829	23,783	26,625	38,820	37,199
TOTALS	55,917	36,090	44,433	63,792	61,857

Source: From ACNARS - Alberta Computerized Nursing Activities Reporting System, information from 27 Local Health Authorities Nursing Programs, Alberta Social Services and Community Health.

TABLE 35a HEALTH EDUCATION TO GROUPS, ALBERTA, 1978-1980

	1978	1979	1980
Hours Spent	11,160	10,931	13,878

Source: From ACNARS - Alberta Computerized Nursing Activities Reporting System, information from 27 Local Health Authorities Nursing Programs, Alberta Social Services and Community Health.

TABLE 35b HEALTH EDUCATION TO GROUPS, ALBERTA, 1981-1982

	1981	1982
65 - 74		
Hours Spent	686	568
# of People	4,948	4,939
75+		
Hours Spent	312	278
# of People	4,041	3,678

Source: From ACNARS - Alberta Computerized Nursing Activities Reporting System, information from 27 Local Health Authorities Nursing Programs, Alberta Social Services and Community Health.

TABLE 36 SERVICES TO PERSONS 65 AND OVER (65-74 AND 75+) BY THE REGIONAL MENTAL HEALTH SERVICES, ALBERTA 1978/79, 1979/80, 1980/81, 1981/82, 1982/83

	No. of Persons 65 - 74 Served	No. of Persons 75 +	Total No. of Persons 65 +	Total Caseload Contacts 65 +	% of Total Caseload Contacts 65 +
1978/79	337 62.61% F 37.39% M	159 51.57% F 48.43% M	496	3,332	3.3%
1979/80	372 63.44% F 36.56% M	207 57.97% F 42.03% M	579	4,464	4.0%
1980/81	381 61.15% F 38.85% M	238 54.20% F 45.80% M	619	4,831	3.9%
1981/82	1,330 59.6% F 40.3% M	1,521 61.0% F 38.9% M	2,795	6,672	4.3%
1982/83	1,346 60.1% F 39.8% M	1,528 62.8% F 37.1% M	2,874	8,784	5.6%

Source: Mental Health Services, Alberta Social Services and Community Health.

TABLE 37

MARITAL STATUS OF 65+ IN TOTAL POPULATION OF ALBERTA AND OF OUTPATIENTS, INPATIENTS AND OF MENTAL HOSPITALS, BY AGE GROUP, 1980/81[1,2]

MARITAL STATUS	TOTAL 65+ POPULATION[3]						INPATIENTS 65+						OUTPATIENTS 65+					
	65-74		75-84		85+		65-74		75-84		85+		65-74		75-84		85+	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MARRIED	67,165	66.8	21,690	44.6	3,245	22.9	112	39.9	62	31.8	17	25.4	111	28.4	45	22.0	6	11.1
SINGLE	9,960	9.9	5,090	10.4	1,130	8.0	105	37.4	49	25.1	11	16.4	101	25.8	33	16.1	6	11.1
WIDOWED	23,405	23.3	21,885	45.0	9,800	69.1	60	21.4	77	39.5	37	55.2	90	23.0	61	29.8	14	25.9
UN-SPECIFIED	-	-	-	-	-	-	4	1.4	7	3.6	2	3.0	89	22.8	66	32.2	28	51.9
TOTAL	100,530	100.0	48,665	100.0	14,175	100.0	281	100.0	195	100.0	67	100.0	391	100.0	205	100.0	54	100.0

[1]Source: Alberta Social Services and Community Health, Mental Health Services, unpublished files.

[2]Age at April 1, 1981.

[3]Source: Census of Canada, 1981.

TABLE 38 AGE/SEX DISTRIBUTION OF CURRENT CLIENTS (AGE 65 AND OVER) OF THE COORDINATED HOME CARE PROGRAM, ALBERTA, AS OF DECEMBER 31, 1983

Age	Sex			
	Male	Female	Total	%
65 - 74	538	1,026	1,564	21.43
75 - 84	857	1,831	2,688	36.83
85+	493	1,094	1,587	21.74
TOTAL	1,888	3,951	5,839	100

Source: Alberta Social Services and Community Health, Coordinated Home Care Program, 1984.

TABLE 39 REFERRAL SOURCES - ADMITTED CLIENTS TO THE COORDINATED HOME CARE PROGRAM, ALBERTA (JANUARY 1, 1983 - DECEMBER 31, 1983)

Referral Source	Number of Clients	Percent of Clients
Staff of Facility	2,507	23.91%
Self/Family/Friend	1,715	16.36%
Physician	4,941	47.12%
Local Health Authorities Staff	350	3.34%
Other Coordinated Home Care Program	193	1.84%
Other Agency	729	6.95%
Other/Unknown	50	.48%
Total	10,485	100.00%

Source: Alberta Social Services and Community Health, Coordinated Home Care Program, 1984.

TABLE 40 REASONS FOR DISCHARGES FROM THE COORDINATED HOME CARE PROGRAM, ALBERTA (JANUARY 1, 1983 TO DECEMBER 31, 1983)

Reason	Number of Occurrences	Percent of Occurrences
No Longer Requires Any Service	2,761	22.44%
Individual/Family Can Manage Care	3,241	26.35%
Medical Service no Longer Required	1,220	9.92%
Individual/Family Refused Service	197	1.60%
Admitted to Health Care Facility	2,109	17.14%
Moved	497	4.04%
Deceased	1,209	9.83%
Requires Service not Provided	218	1.77%
Home Care - Insufficient Resources	89	.72%
Not Approved/Authorized by Physician	21	.17%
Other	740	6.02%
No Reason Given	0	0

Source: Alberta Social Services and Community Health, Coordinated Home Care Program, 1984.

TABLE 41 NUMBER OF PERSONS 65 AND OVER IN RESIDENTIAL AND CARE CENTRES IN ALBERTA, 1980

Lodges, 89 percent of the 6,632 beds occupied	5, 902
Other Residential Homes	894
Nursing Homes	5,934
Auxiliary Hospitals (estimated 78 percent of patients)	2,620
Rosehaven, Claresholm, Raymond	415
Michener Centre	143
Alberta Hospitals (Edmonton and Ponoka)	539
TOTAL	16,447
*1980 population 65 and over	158,000
Percentage 65 and over in care	10.4%

* The sources for the above information can be found in Section IV.

Source: Final Intercensal Estimates of the Population by Sex and Age, Canada and Provinces, June 1, 1977-1981. Statistics Canada, unpublished data.

TABLE 42a AGE AND SEX STRUCTURE OF ALBERTA'S NURSING HOME POPULATION, 1977-1980

PATIENTS STILL IN RESIDENCE*

YEAR	AGE**	MALE #	MALE %	FEMALE #	FEMALE %	TOTAL #	TOTAL % OF TOTAL
1977	<65	288	5.0	345	6.0	633	11.0
	65-74	427	7.4	485	8.4	912	15.9
	75-84	721	12.5	1,313	22.8	2,034	35.4
	85+	674	11.7	1,500	26.1	2,174	37.8
	TOTAL 65+	1,822	31.7	3,298	57.3	5,120	89.0
	ALL AGES	2,110	36.7	3,643	63.3	5,753	100.0
1978	<65	317	5.0	369	5.9	686	10.9
	65-74	475	7.5	521	8.3	996	15.8
	75-84	773	12.3	1,495	23.7	2,268	36.0
	85+	734	11.7	1,619	25.7	2,353	37.3
	TOTAL 65+	1,982	31.5	3,635	57.7	5,617	89.1
	ALL AGES	2,299	36.5	4,004	63.5	6,303	100.0
1979	<65	324	5.0	343	5.3	667	10.4
	65-74	472	7.3	560	8.7	1,032	16.0
	75-84	775	12.1	1,569	24.4	2,344	36.4
	85+	761	11.8	1,629	25.3	2,390	37.2
	TOTAL 65+	2,008	31.2	3,758	58.4	5,766	89.6
	ALL AGES	2,332	36.3	4,101	63.8	6,433	100.0
1980	<65	335	5.1	355	5.4	690	10.4
	65-74	468	7.1	593	9.0	1,061	16.0
	75-84	854	12.9	1,579	23.8	2,433	36.7
	85+	767	11.6	1,673	25.3	2,440	36.8
	TOTAL 65+	2,089	31.5	3,845	58.1	5,934	89.6
	ALL AGES	2,424	36.6	4,200	63.4	6,624	100.0

* Represents patients in residence at December 31st for each year.
** Age represents age of residents at time of admission.

Source: Nursing Homes Claims File, Systems and Data Processing Branch, Department of Hospitals and Medical Care.

TABLE 42b UTILIZATION OF NURSING HOMES: DISTRIBUTION OF CASES AND PATIENT-DAYS* FOR 65+ IN RELATION TO TOTAL POPULATION AND AVERAGE LENGTH OF STAY (ALOS) FOR 65+, BY AGE GROUP AND SEX, ALBERTA, 1980/81

AGE GROUP	SEX	CASES		PATIENT-DAYS		ALOS
		#	%	#	%	Days
65 - 74	Male	624				
	Female	734				
	TOTAL	1,358	13.9	1,532,130	13.8	1,128
75 - 84	Male	1,434				
	Female	1,951				
	TOTAL	3,385	34.6	3,295,112	29.7	973
85+	Male	1,420				
	Female	2,805				
	TOTAL	4,225	43.2	5,022,552	45.3	1,189
65+	Male	3,478				
	Female	5,490				
	TOTAL	8,968	91.7	9,849,794	88.8	1,098
Total All Ages	Male	3,676				
	Female	6,101				
	TOTAL	9,777	100.0	11,091,401	100.0	1,134

*Patient-days: Total number from admission.

Source: Alberta Hospitals and Medical Care, Systems and Data Processing; Professional Activity Survey (PAS) file based upon separation data (file not fully edited).

TABLE 43 ADMISSIONS TO NURSING HOMES BY TYPE, ALBERTA, 1978/79, 1979/80

	General Hospitals		Auxiliary Hospitals		Alberta Hospitals		Other Nursing Home		Lodge		Private Home		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1978/79	961	39	258	11	56	2	125	5	211	9	776	32	50	2	2,437	100
1979/80	1,020	39	265	10	60	2	188	7	218	8	866	32	56	2	2,672	100

SEPARATIONS FROM NURSING HOMES BY TYPE, ALBERTA, 1978/79, 1979/80

	General Hospitals		Auxiliary Hospitals		Alberta Hospitals		Other Nursing Home		Lodge		Private Home		Deaths		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1978/79	476	19	287	12	39	2	170	7	41	2	245	10	1,079	44	100	4	2,437	100
1979/80	535	21	381	15	33	1	236	9	44	2	209	8	1,005	40	97	4	2,540	100

Source: Alberta Hospitals and Medical Care, Hospital Care in Alberta, Statistical Supplement, for the years ended March 31, 1979 and March 31, 1980.

TABLE 44 NURSING HOMES - PATIENTS BY TYPE OF CARE, ALBERTA, 1979

Type of Care Required	Number of Patients	Percentage of Patients
Type I Care	2,056	30.8
Type II Care	3,296	49.3
Type III Care	1,013	15.2
Type IV Care	205	3.1
Type V-A Care	101	1.5
Type V-B Care	14	0.2
TOTAL	6,685	100.0

Source: Annual Provincial Patient Census, November 7, 1979; Management Analysis and Planning Services, Alberta Hospital Association, March, 1980.

Type I - Patient is ambulant or independently mobile, but has decreased physical and/or mental faculties and requires primarily supervision and/or assistance with activities of daily living and provision of social and recreational services for psychosocial needs.

Type II - Patient is a relatively stabilized long-stay chronically ill or functionally disabled person who has reached the limit of his recovery, and has little need for diagnostic or therapeutic services but requires 24-hour care.

Type III - Patient is chronically ill (acute phase of illness has passed), may not be stabilized, may have limited potential for rehabilitation, and requires a range of therapeutic services on a long-term basis.

Type IV - Patient has a relatively stable disability requiring a specialized rehabilitation program to restore or improve functional ability. Maximum benefits of care are expected within a period of several months.

Type V - Patient is in an acute or immediate convalescent stage of illness requiring care of relatively short duration.

TABLE 45 EXPENDITURES FOR OPERATING SUPPORT FOR NURSING HOMES, ALBERTA HOSPITALS AND MEDICAL CARE, 1978/79 - 1982/83

Year	Expenditure
1978/79	$45,022,910
1979/80	$49,910,814
1980/81	$57,822,292
1981/82	$66,002,743
1982/83	$85,648,505

Source: Public Accounts of Alberta, Volume II, Vote 4 and 5, 1978/79 - 1982/83.

TABLE 46 AGE AND SEX STRUCTURE OF ALBERTA'S AUXILIARY HOSPITAL POPULATION, 1977-1980

		PATIENTS STILL IN RESIDENCE*					
		MALE		FEMALE		TOTAL	
YEAR	AGE	#	%	#	%	#	%
1977	<65	239	9.0	282	10.6	521	19.7
	65-74	213	8.0	262	9.9	475	17.9
	75-84	299	11.3	561	21.2	860	32.4
	85+	256	9.7	540	20.4	796	30.0
	TOTAL 65+	768	29.0	1,363	51.4	2,131	80.4
	ALL AGES	1,007	38.0	1,645	62.0	2,652	100.0
1978	<65	250	8.6	299	10.3	549	18.9
	65-74	228	7.8	282	9.7	510	17.5
	75-84	363	12.5	621	21.3	984	33.8
	85+	254	8.7	615	21.1	869	29.8
	TOTAL 65+	845	29.0	1,518	52.1	2,363	81.2
	ALL AGES	1,095	37.6	1,817	62.4	2,912	100.0
1979	<65	295	9.2	322	10.0	617	19.2
	65-74	248	7.7	307	9.6	555	17.3
	75-84	380	11.8	648	20.2	1,028	32.0
	85+	278	8.7	731	22.8	1,009	31.4
	TOTAL 65+	906	28.2	1,686	52.5	2,592	80.8
	ALL AGES	1,201	37.5	2,008	62.6	3,209	100.0
1980	<65	286	9.0	291	9.1	577	18.1
	65-74	217	6.8	294	9.2	511	16.0
	75-84	415	13.0	626	19.6	1,041	32.6
	85+	299	9.4	769	24.1	1,068	34.4
	TOTAL 65+	931	29.1	1,689	52.8	2,620	82.0
	ALL AGES	1,217	38.1	1,980	61.9	3,197	100.0

* Represents patients in residence as at December 31st of each year.

Source: Auxiliary Hospital Morbidity File, Systems and Data Processing Branch, Department of Hosptials and Medical Care.

NOTE: These data are based on the utilization of auxiliary beds in auxiliary hospitals only and do not include the utilization of auxiliary beds in active treatment hospitals.

TABLE 47 UTILIZATION OF AUXILIARY HOSPITALS: DISTRIBUTION OF CASES AND PATIENT-DAYS* FOR 65+ IN RELATION TO TOTAL POPULATION; AND AVERAGE LENGTH OF STAY (ALOS) FOR 65+, BY AGE GROUP AND SEX, ALBERTA, 1980/81

AGE GROUP	SEX	CASES		PATIENT-DAYS		ALOS
		#	%	#	%	Days
65 - 74	Male	280		76,014		
	Female	248		67,933		
	TOTAL	528	14.5	143,947	13.7	273
75 - 84	Male	476		152,363		
	Female	482		155,256		
	TOTAL	958	26.3	307,619	29.2	321
85+	Male	394		173,675		
	Female	530		233,059		
	TOTAL	924	25.3	406,734	38.6	440
65+	Male	1,150		402,052		
	Female	1,260		456,248		
	TOTAL	2,410	66.0	858,300	81.5	356
Total All Ages	Male	2,001		577,413		
	Female	1,651		476,261		
	TOTAL	3,652	100.0	1,053,674	100.0	289

*Patient-days: Total number days stay from admission for separations in that fiscal year.

Source: Alberta Hospitals and Medical Care, Systems and Data Processing; Professional Activity Survey (PAS) file based upon separation data (file not fully edited).

TABLE 48 PATIENT-DAYS AND SEPARATIONS FROM AUXILIARY HOSPITALS BY AGE GROUP, ALBERTA, 1976, 1977, 1978, 1980/81

Age Group	1976*		1977*		1978*		1980/81**	
	Patient Days	Separations	Patient Days	Separations	Patient Days	Separations	Patient Days	Separations
0 - 64	133,170	466	167,814	497	200,703	674	195,374	1,242
65+ number	672,652	1,911	683,112	1,982	827,747	2,408	858,300	2,410
Percent 65+	83.5	80.4	80.3	80.0	80.5	78.1	81.5	66.1
Total	805,822	2,377	850,926	2,479	1,028,450	3,082	1,053,674	3,652

Includes separations from auxiliary hospital beds and long-term care beds in general hospitals.

*Source: Alberta Hospitals and Medical Care unpublished Morbidity Files.

**Source: Alberta Hospitals and Medical Care, Systems and Data Processing; Professional Activity Survey (PAS) file based upon separation data (file not fully edited).

TABLE 49 AUXILIARY HOSPITALS - PATIENTS BY TYPE OF CARE*, ALBERTA, 1979

Type of Care Required	Number of Patients	Percentage of Patients
Type I Care	257	7.7
Type II Care	1,300	39.1
Type III Care	1,583	47.6
Type IV Care	128	3.8
Type V-A Care	37	1.1
Type V-B Care	20	0.6
TOTAL	3,325	100.0

* See Table 44 for definitions.

Source: Annual Provincial Patient Census, November 7, 1979; Management Analysis and Planning Services, Alberta Hospital Association, March, 1980.

TABLE 50 EXPENDITURES FOR AUXILIARY HOSPITALS, ALBERTA HOSPITALS AND MEDICAL CARE, 1978/79 - 1982/83

Year	Expenditure
1978/79	$ 56,860,644
1979/80	$ 57,600,731
1980/81	$ 69,450,060
1981/82	$ 90,492,914
1982/83	$128,003,807

Source: Public Accounts of Alberta, Volume II, Vote 4 and 5, 1978/79 - 1982/83.

TABLE 51 ROSEHAVEN, CLARESHOLM AND RAYMOND CARE CENTRES, ALBERTA, PATIENTS BY TYPE OF CARE, 1979

Type of Care Required*	Number of Patients	Percentage of Patients
Type I Care	72	13.2
Type II Care	268	49.1
Type III Care	128	23.4
Type IV Care	74	13.6
Type V-A Care	4	0.7
Type V-B Care	0	0.0
TOTAL	546	100.0

* See Table 44 for definitions.

Source: Annual Provincial Patient Census, November 7, 1979; Management and Planning Services, Alberta Hospital Association, March 1980.

TABLE 52a NUMBER OF PATIENTS AGE 65+ AND 65+ AS PERCENT OF TOTAL PATIENTS IN THE ALBERTA HOSPITALS (EDMONTON AND PONOKA) AND CLARESHOLM CARE CENTRE MARCH AND AUGUST 1982, MARCH 1983

	March 31, 1982	August 31, 1982	March 31, 1983
Claresholm	117 58.6 % of total	118 56.1 % of total	118 53.8% of total
Alberta Hospitals	343 32.8% of total	325 31.4% of total	303 29.2% of total

Source: Alberta Social Services and Community Health, Mental Health Services.

TABLE 52b NUMBER OF PERSONS, BY AGE GROUPS, 65 AND OVER SERVED BY THE TWO ALBERTA HOSPITALS, 1978/79, 1979/80, 1980/81

	Alberta Hospitals, Ponoka and Edmonton		
	78/79	79/80	80/81
No. of Persons 65 +	544	542	539
No. of Persons 65 - 74	311 44.7 % F 55.3 % M	306 43.46 % F 56.54 % M	291 45.02 % F 54.98 % M
No. of Persons 75 +	233 48.1 % F 51.9 % M	236 48.73 % F 51.27 % M	248 42.34 % F 57.66 % M
% of Total Patients	19.9 %	20.8 %	21.9 %
Per diem operating costs	AHE - 79.68 AHP - 70.14	AHE 86.84 AHP 77.48	AHE 100.03 AHP 86.00

Source: Alberta Social Services and Community Health, Mental Health Services.

TABLE 52c NUMBER OF PERSONS, BY AGE GROUPS, 65 AND OVER SERVED BY THE TWO ALBERTA HOSPITALS, 1981/82, 1982/83

Age at Registration	1981/82			1982/83		
	Total	Male	Female	Total	Male	Female
65+	450	265	185	447	250	197
%	-	58.9%	41.1%	-	55.9%	44.1%
65 - 74	239	141	98	247	136	111
%	-	59.0%	41.0%	-	55.1%	44.9%
75+	211	124	87	200	114	86
%	-	58.8%	41.2%	-	57.0%	43.0%
% Total Patients	15.1%			14.2%		

Source: Alberta Social Services and Community Health, Mental Health Services.